CERTIFICATE OF DEATH Reg. Dist. No. filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George Prince George Maruland the funeral shauld be fi b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Chaverly Days Capital Hgts d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO THE Prince George General 6137 Shadyside 3. NAME OF 4. DATE First Middle Month DECEASED Albert George Adams DEATH 19 58 (Type or print) April 19 Pages IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) BI yrs Doys 10/29/76 Min. Male White WIDOWED DIVORCED | popers. сошр 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Building The pector State Maryland U.S.A. Kentucky puo corbo 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alenze Adams Kathryn Severhause 17. INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Long B Adams (Wife) Same As Above Hinleneum INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PART FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** per couse (a), stating the undertoxicity MERCURIA lying couse lost. been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Ď. m. While Not while of work of work p. m. 195 Sthat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 7:50P. M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 0 Leon R. Levitsky NAME (Type) 3 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) 4/23/58 Cedar Hill ۽ Suitland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24 DEGISTRAR'S SIGNATURE ST. S. E DATE APR 23 VS A15 (4) 15M 10/57

ofter death.

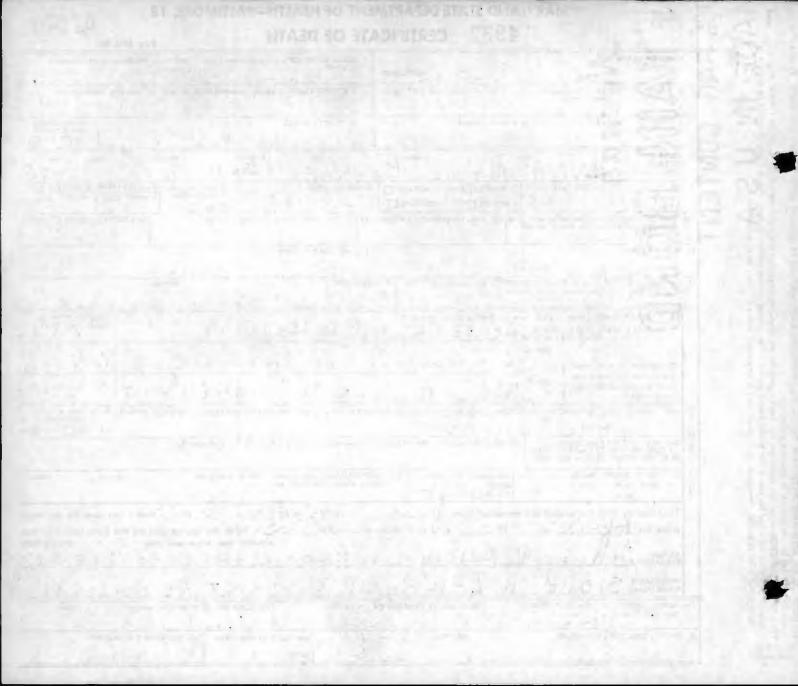
within 24

the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 4 1 1 1 838 188 89A

VS A15 (4) 15M 10/57



4390 **CERTIFICATE OF DEATH** with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE aryland filed b. COUNTY Prince George MARYLAND Prince George death; eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Mount Rainier D vears Mount Rainier d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM2 4017 - 33rd. street 4017 - 33rd. street YES TI NO P NAME OF Middle 4. DATE Month Year filled April 1058 (Type or print) DEATH Barnev Sarah Ann 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Doys 13 White WIDOWED IX DIVORCED [papers. Famale 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, oven if retired) U.S.A. Independence, N.Y. in own home pup Housewife carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antoinette Enos Edmond Potter 化好老会好管沙外身体影響 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending None Floy E. Barney 4017 -33rd, street 18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove riso to immediate DUE TO couse (o), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (Stote) foctory, street, office bldg., etc.) Hour Q. fl. While Not while of work of work D. m. 19 8 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 4 ice P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Pe shavid PHYSICIAN'S NAME (Type) W1661ANS 220. BURIAL, CREMATION, 22b. DATE THEREOF 20c. NAME OF CEMETERY OR CREMATORY Arlington National 22d. LOCATION (City, town, or county) (Stote) Arlington Arlington, Virginia 24b. REGISTRAR'S SIGNATURE AG. REC'D BY REGISTRAR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO NO READINGS OF DEATH

The Part of Control of Control

agg billy today

120 1020

tairing for

CARLES . Ligh

PRINT TO WAR

Colored Artist

mit touched eleganous

. With the second of the secon

Section for the burners of whether the section is a second of the section of the

BUREAU V. S.

1363 Jav

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU Y. E. 8361 68 A9A DECENTED

ADDRESS

14th St.

24a, REC'D BY REGISTRAR

DATE APR 2 4

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

The S.H. Hines Co.

deoth.

CHICAGO SO STADRIVED

A .Y UAZAUG

SCSI PS AGA.



Reg. Dist. No.

rs ofter death: Page 4

may be reset by the hospital or attending physician.

D FUNER. RECTOR: After this certificate has been signed by the ottending physician and completely filler. By the funeral director, page 3 st. 1d be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registral prior to buriol, crematian, ar removal, and injurity event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how

TO HOSPITA TO FUNER

И	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4	PRINCE GEORGE MARYLAND	O. STATE MARYLAND B. COUNTY PRINCE CEARLE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	MITICHILL VILLE 25YAS	Y MITCHILLVILLE
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	, d STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	1 RT 2 BOX 114 VESTI NOT
j	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) DENSON DLAK	E JR. OF DEATH APRIL 6 1958
J		DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS) In A C U I I I I I I I I I I I I I I I I I I
ı	7//	17 ARCH 1 1879 79 MIL.
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
-	FARMER FARMING	MARYLAND U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENSON BLAKE SA.	MARY ELIZABETH MACKALL
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address A BOX 11
		OURA LOUISE BLAKE MITCHILLS WILL
ı	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC	FAILURE ONSET AND DEATH
	422,1 DUE TO	3,763
		C CARDIOVASCULAR DISEASE 3 YRS
	gave rise to immediate [C CANDITARIOLAN DISEAS O / NO
ŀ	couse (a), stating the <u>under (b)</u> lying couse last. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		PERFORMED? YES NO G
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	. (Enter nature of injury in Port I or Port II of item 18)
1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10c. PLA fact 10c. Plant 10c.	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ory, street, office bldg., etc.) !
1	p. m. 19 of work of wark	
-	21. I certify that I attended the deceased from DEC	1. 1955, to MARCH, 1958, that I last sow the deceased
1	olive on MARCH 8, 19.58, and that death	occurred of \$136 p.M., from the couses and on the date stated above
Į	1 1 m m m	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE CULL IV. Gellalla M	10.3964 ELM ST. UPPER MARLBOND, MO
1	PHYSICIAN'S	The same of the sa
1	NAME (Type)	
	270 BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 27d LOCATION (City, lown, or county) (Stote)
	13/11/al 4-9-1958 (Gamil	Harrel Mitchelocke 11kl
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	William Kreseff 108 ktoch St. (in 1/4.)11	& DATE APR 1 0 '58 Cll + educh



8361 11 84%

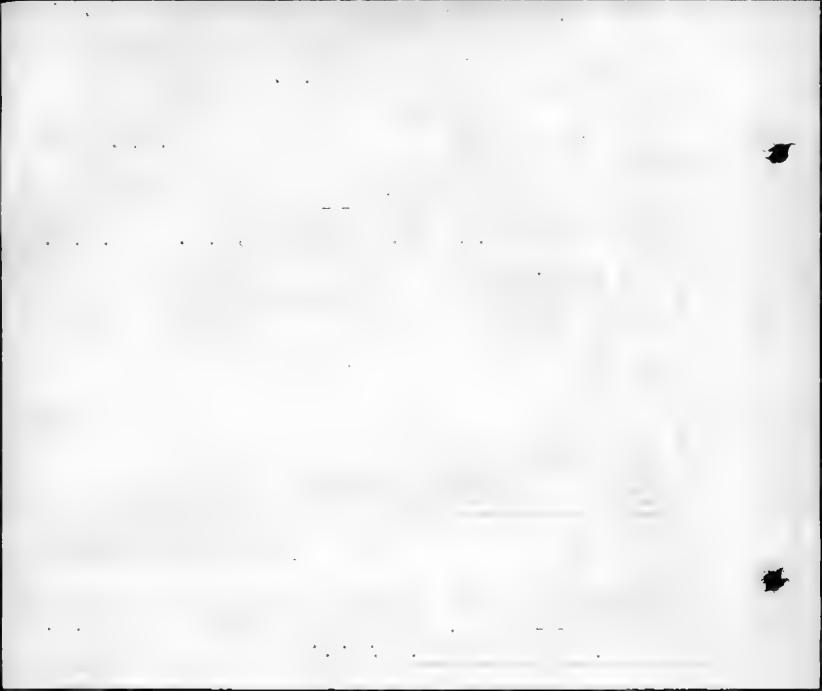
X UABRUE

BUREAU V. E.

83ti tī 8d.

DEAMERICA

death.



4893 **CERTIFICATE OF DEATH** Reg. Dist. No director death. Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) P. COUNTY D STATE b. COUNTY MARYLAND MINCE and MYINC X (10.79 13 funerof b. CPK OR TOWN (If gutside corporate limits, write c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WIAL and give nearest town! should d. NAME OF HOSPITAL (If not us hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE lo YES NO P NAME OF Middle 4. DATE Inst Month Day DECEASED harles ar Brown DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED [YF5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. RIRTHP ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lanter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Hanover 09 QW1J ma requires that the deoth 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY Then IMMEDIATE CAUSE (o) vteriusclerosis ģ permit. Conditions, if any, which been signed gove rise to immediate DUE TO cause (a), slating the underand lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO |Z| 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour g. m. While Not while at work at work 1451 19 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at ... M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO FUNER 220. BORIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Qity, lown, or county (Stote) ě o ADDRESS 24n, REC'D BY REGISTRAR REGISTRAR'S SIGNATORE VS A15 (4) DATE APR 1 0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

hrs

(Stote)

DATE SIGNED

APR 10 1500

22d. LOCATION (City town, or county)

24a, REC'D BY REGISTRAR

DATE APR 2 3 '58

Colmar Manor, Md.

24b, REGISTRAR'S SIGNATURE

(Stote)

22c NAME OF CEMETERY OR CREMATORY

ADDRESS

Hyattsville Md.

Fort Lincoln Crematory

		-0	-	
2.			밀	
ſ			0	
,		P	-	
ú		-0	42	
-		逗	6	
Ē		Τ	8	
Ε		-	4	
ļ.		÷		
٠		-8	90	
ú		ο.	- 25	
5		늘	ō.	£
į		8	- 5	馬
č			144	6
Ú		ĕ	5	ſσ
b		O	Ă	7
3		C	동	ž
a		.0	ŏ	ō
5		.0	é)	977
2		S	. 8	5
Ε		÷	ĕ	2
		0	ě	Ť.
ĭ		Ó	-	5
=		3.	9	6
ŝ		찟	Ö	٠Ξ
ú		ĕ	-e	***
3		Ξ	0.	3
b		0	E	-
			9	E
		丰	亡	>
2		>~		ψ
:		-0	-2	>
٨		Ю	ΪĒ.	Ë
		4	Ξ	-
ŝ		듬	ä	3.
7	- 2	- =	-	70
μ	- 8	-	· Έ	Ĕ
Ī	ă	iii	5	0
Ę	· ž	ġ.	5	
2	2~		-	D
Þ	古	Š	0	ó
3	_	ž	12	Ē
Ī	27	- Ab	2	9
ř	=	÷.	-01-0	
ř	ĕ	ŭ	훈	ō
9	9	三	-	_
5	6	Ŧ	ñ	5
•	-	8	-01	÷
5	0	* **	7	ğ
1	-	Œ	9	2
	.2	-	5	Ξ
,	Q,	ě	10-1	-
=	ö	生	Ö	
ì	£	⋖	ě	٠Ĕ
	9)	**	2	5
:	£	三	5	.11
	>~	2	품	0
	Ď.	Ü	41	
ė	ъ	ш	ă	ō
1	ě	i.	27	2
	-		É	-
	-		ß	ö
:	9	4	3	-
1	80	OC.	109	4/2
ı	۵	7	(4)	9
•	>-	S	0	T
	0	正	30	W
ı	Ε	^	Č.	두
		7	page 3 shard be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and	
	may be retained by the haspital or attending physician.	TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled to		the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

15M 10/57

0

PHYSICIAN'S NAME (Type)

Cremation

23. FUNERAL DIRECTOR'S SIGNATURE

270 BURIAL, CREMATION, 22b. DATE THEREOF

F. Gasch's Sons

director

filed

the funeral c

3. NAME OF DECEASED

5. SEX

ofter deoth. Page

BUREAU K. B.

8381 88 A9A

AN ARRETM

1	4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. (14881)
HEALTH A	DÉPI.	o COUNTY Truce accessed lived If institution Residence before admission) o STATE Macyland to COUNTY Line Search
iary. Ple clar. Pa aur file of Heo		b CITY OR TOWN (It outside corporate to my estate to (NGTH OF STAY IN 1b) Ac CITY OR TOWN (It obtaide corporate I mile, write RJRAL and give redirest lown)
directs for y	91	NAME OF HOSPITAL OR INSTITUTION WHAT IN POSPITAL GIVE STREET ADDRESS GOLD CONTROL ON A FARM? VES NO POSPITAL OR INSTITUTION WHAT IN POSPITAL OR ON A FARM? VES NO POSPITAL OR INSTITUTION WHAT IN POSPITAL OR ON A FARM? VES NO POSPITAL OR INSTITUTION WHAT IN POSPITAL OR OF THE P
delay i		3. NAME OF DECEASED (Type or print) Character (Type or print) Characte
It any 3 to the nay be with the rs after		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In Jeous In June 19 Hours Min.
death.	1	10a_USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Md. P. P. Md. P. Wiffig.	= /	R. FATHER'S NAME 14 MOJHER'S MAIDEN NAME 7 7
24 hour Sive Po farm P File po		(15. WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. (NFORMANT) Virty may by unknown) (I' yes, give were of do as of acrica)
within 18. Ig with go with d in an		18. CAUSE OF DEATH [Enfer only one course per line for (a) (b), and (c).] Notace Increa Groy Upper Micro Elivery ONSET AND DEATH
in Item in Item ce alor ansit p	V	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhoge and Short DUE TO
Pencil r's Offi urial-tr		Conditions, if only, which gave rise to immediate cause (b) Crushal chart fraction Abrul
shauld ng'' in comine as a b		(c), stating the underlying DUE TO couse last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY
Thricale Tpendi Scal Evil e vsed	0	PERFORMED? YES NO P
ward et Mec et Mec auth b		CAUSE OF DEATH. Driver of auto that you to road and trust here who had the
the Charge see 3 sh	15	Stours 4-11 1958 of work of Could be seen the Halls P. J.
ie, wrii ded to OR: Po		21. I certify that I took charge of the remains described above held an Autopsy . Inspection I., Inquiry . ond in my opinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
or March		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
old design	4.0	EXAMINER'S AMES I. B. V. A. DEPUTY MEDICAL EXAMINER D. Chil 12, 1458
executation of FUN		Burial Chematon 226 Date Thereof 226 NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, 16wn, or county) (Stote) Burial 4/15/58 Codar Hill Cemetery Suitland, Maryland
- ► rs. A15ME 5M 2/57	,	23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Brothers Funeral Home Marlboro, MarAPR 2 1 '58 ADDRESS Upper 240. REC'D BY REGISTRAR'S SIGNATURE Marlboro, MarAPR 2 1 '58
		The state of the s



BUREAU V. S.



19/4		Them 2. Filth G228. 4/21 72. for 1/4 0.00
= :=/		Item 2, Film G228, 4/21 CERTIFICATE OF DEATH Reg. Dist. No. ()4882
director led will		1. PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY B. COUNTY C
eral of		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
often der		Wiversity Park X University Park
the the	2	d. NAME OF HOSPITAL UP for in hospital, give street oddress) OR INSTITUTION 6. STREET ADDRESS 6. OR MISTITUTION 6. STREET ADDRESS 6. OR MISTITUTION 6. STREET ADDRESS ON A FARM? YES NO
24 hor		3. NAME OF DECEASED (Type or print) POSES First Middle Lost 4. DATE Month Day Yeor DECEASED (Type or print) POSES PART CARKE DEATH FAR, 1 13 1958
within etely fi		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE 1872 1. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS) Months Days Hours Min
xecuted d cample papers eath.	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSewife 71. SA:
e be ex ion and carbon ofter de	-/	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
sicior ve co		MICHAEL CLARKE CATHERINE BYRNE
certifi ng phy remo 72 hav		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give =or or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address
death trendin please within		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
the d		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) SUGALUTION DUE TO DUE TO
that by th nit. T		Conditions, if ony, which) the Diffuse Corcumon aloses
equires on. signed sit pern nd in o		gove rise to immediate couse (a), stating the under- lying couse last. DUE TO admocardinoma of Ovary
physicic as been al-trans	1)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO
AN: The		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI, or atle s certiff use as t		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 10 While Not while foctory, street, office bldg., etc.) (County) (Stote)
pitol pitol er thi for t		21. I certify that Lattended the deceased from Ful
ENDIN he ho: R: Aft cached burial		alive an april 1928, and that death accurred a 1000 M, from the causes and an the date stated above.
d by 1 (ECTO be del or to		ACTUAL Silver Signature Silver Signature Stands M.D. 3567 Macoul St M.W.
TAL O	- 1	PHYSICIAN'S William L. Howell Washington 6 D.C.
May be re FUNERA page 3 sh		220. BURIAL GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Lity, town, or county) (Stole). REMOMENT (Specify) 4-16-58 Mt Olive the Com. Bladchlung Rd Wash De.
5 5		23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		J. W = Teeson Wood. D. C. DATE PR 1 5 '50 West about

BUREAU V. E.

8291 31 AQA

DE ALECEIA ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director, I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admiss on o. COUNTY Filed o. STATE **b. COUNTY** MARYLAND Prince Georgen Prince Georges uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest lown) should Uheverly davs University Park d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Prince Georges General Hospital 6512 YES NO Gueens Chane NAME OF 4. DATE Fresh Middle Last Month Year Day DECEASED (Type or print) DEATH Louis Cohen 1958 Apri 1 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years fost birthday) Months Days Male White WIDOWED [7] DIVORCED [yrs. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Retired 13 FATHERIS NAME 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 22 offending within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ᇻ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) vent DUE TO Gerebral Vascular Distast Conditions, if ony, which guy (b) gave rise to immediate DUE TO couse (o), stoling the under-TENSIVE ARTERIO SCLEROTIC lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🗖 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port if of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) Hour o. m. Not while While of work of work D. III 21. I certify that I attended the deceased from 19____that I last saw the deceased 29 M. from the causes and on the date stated above. alive on _, and that death accurred at 🗸 ACTUAL PHYSICIAN'S NAME (Type) Dr.David S Clayman FUNEX 9 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (Crystown. pode EMOVAL (Specify) 0 23/ FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 2100 15M 10/57



1 7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
EOD STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04884
HEALTH DEPT		4936 Reg. Dist. No.
e e	1,	PLACE OF DEATH C. COUNTY MARYLAND O. STATE LINER COUNTY
Series Se	1	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporous limits, write RURAL and give neathest town) Configuration required fourth. C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporous limits, write RURAL and give neathest town) C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16
die die	,	d NAME OF HOSP TAL OP-INSTITUTION (II not in hospital, give street address) d STREET ADDRESS
	-	2709 Jeringslot of JE 8709 Hornelater Kd35 180 NOB
o Signatura		NAME OF DECEASED (1/2) OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (1/2) OF DEATH OF A 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
7 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5. 3	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In Nov. IFUNDER 14EAR IF UNDER 24 HRS
S mg g	7	Terral (Calred WIDOWED DIVORCED Liptile, 1888 6.9 yr Moris Doys noons Min.
2 or	100	J. USUAL OCCUPATION (Give kind at work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page Page Page		Cildred Varrick Cathern Death
Fite Town	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address April 11 year, give viol or or doles of service)
A STATE OF THE STA		will william thomas called some as the
nd ar		18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED 89:
of size of the siz		MMEDIATE CAUSE (o) CON GIRLLY TO TAKE
HE STATE OF THE ST		Conditions, if any, which the Conditions of the
ourio Praga		gove rise to immediate cause (o), stating the underlying DUE TO
mi is		couse tost. (c)
core s ending of Exc sed of emoti	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
certification of the control of the	TEPTIFIC	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Port II of item 18.)
hour to	3	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f (City or town) (Caucity) (State)
2	MEDICA	Hour a.m. While Nat while factory, street, office bldg., etc.)
Pog Prinit		21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection : Inquiry . and in my
Gent Gent Gent Gent Gent Gent Gent Gent		apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
SECOND CONTRACTOR OF CONTRACTO		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER D
gua		ASSISTANT MEDICAL EXAMINER
des de la company de la compan		NAME (Type) - 1 A SU/ES L. 100 y d DEPUTY MEDICAL EXAMINER & COM. 1458
FUT IS	220	BURIAL CHEMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, 10 of county) (Stole)
5,45,	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church Cometery Chapel Mill. Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5. A15ME A 2/57		John T. Rhines & Co. 901 3rd St., S. W. DATE
2.8		APP 2 6 58 Compression

BECEINED

EDI SO AGA

SILKEAU V. K.

1		
of the funeral director.	olnd 2 should be filed with	
Ė	ofnd 2	
n and campletely filled	Poges 1	
comple	arban papers.	,
puo u	fler de	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4937

04885 Reg. Dist. No.

va b. COUNTMERCER prorote limits, write RURAL and give nearest town)			
. IS RESIDENCE			
ON A FARM? YES NO X			
Month Day Year April 19, 19 58			
P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
lag-pirihday) Months Days Hours Min.			
COUNTRY? 12. CITIZEN OF WHAT COUNTRY? U.S.A.			
assie			
Address nham Md.			
interval between onset and death 3 wells			
SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
PERFORMED? YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Contributing Cause of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not work of work			
ty or town) (County) (State)			
In the causes and an the date stated abave. Street, city or town, state) SHINGTON AVE 4/26/			
ATION (City, 16wn, or county) (State)			
ham Md.			
158 Chillestock			

BUREAU V. S.

DEALEDEN.

Z V Umanu

DESENAED

Lieniens besters.

ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Corone natiques. + approved.

EURIAU V. S.

APR 16 ··.

DECENALL

, E 7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4880 CERTIFICATE OF DEATH Reg. Dist. No.
I director, filed with	1. PLACE OF SEATH O COUNTY DENCE STORY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before adhlision) O. STATE Maryland b. COUNTY Devel Story
funera uld be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)
by the d 2 sho	OR MASTITUTION CONTROL (If not in haspitol, give street oddress) OR MISTITUTION Dacked Hearth Home 5805-Ruseus Chippel R 18 RESIDENCE ON A FARM? YES NO XI
filled and a second	2. NAME OF DECEASED (Type or print) M. Helena Middle Demen (Type ar print) M. Demen (Type or pri
ed with	S. SEX FEMQLE WIDOWED DIVORCED HOLD B. DATE OF BIRTH 66 PAGE IN years FUNDER 1 YEAR IF UNDER 24 HES. PAGE IN years Months Days Hours Min.
s execut ond corr on pop	100. USIAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: Howlesself Charles Co. Rd. U.S.
icate be rsician o ive carb urs after	13. FATHER'S NAME Tilliam F. Demont Mary S, Gleen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT
death certificate the difference of please remove or within 72-hours of	(Ver. no. or unknown) [11 year give wor or doles of service] Marie L. Katchford mr. Raines M
he attending hen please n ent within 72	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETYVEEN, ONSELAND DEATH SO Min.
es shat ad by th mit. Th any eve	Conditions, if any, which and the Arterioseleroses 25+475.
requir	couse (a), staling the <u>under-lying couse last.</u> DUE TO
The Tow p physic has bee rriol-tro movol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: tending lificate the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC fol or of this cert remotion	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 Hour a. st. 19 Hour a. st. 19 Hour at work
NDING e hospij t: After sched fo iurial, ci	21. I certify that lattended the deceased fram. 12/15, 1938, to 4/13, 1958, that I last saw the deceased alive an 4/13/54, 19 , and that death accurred at 17/0 M, fram the causes and an the date stated above.
R ATTEI ed by the RECTOR be deto rior to be	ACTUAL GHALLOLOUL M.D. 184 Col 100 DATE SIGNED
OSPITAL O	MITSICIAN'S E.H. Aschenbach, M.D.
O HOSPIT may be re O FUNERA page 3 st the registr	220, BURIAL CREMATION. 226. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 220, IOCATION (City, town, or county) (Stope) 221, IOCATION (City, town, or county) (Stope) 221, IOCATION (City, town, or county) (Stope)
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA Rainier 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE DATE
	2nc,



838: 81 A9A

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04889 **CERTIFICATE OF DEATH** Rea, Dist. No director Page PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY be filed MARYLAND Prince George's Prince George's Marvl and ofter death. funeral b. CITY OR TOWN (If outside carporole limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld Riverdale Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
4603 Riverdale Rd. d. STREET ADDRESS e. IS RESIDENCE 00 4603 Riverdale Rd.. YES NO X within 24 has NAME OF Middle 4. DATE Month Yeor DECEASED fille (Type or print) DEATH 25. April Elizabeth Diago 19 עיין Ma 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Dovs Hours Feb. 1, 1888 Female white M aswoalw DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) Baltimore Md At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J.Ritterbusch Lechthaler Margaret Henry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Riverdale, Md. 4603 Riverdale Rd. Mrs. George Edge aftending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Chronic Congestive Heart Failure Then DUE TO ģ permit. Cerebral arterio-sclerosis CAY. Conditions, if ony, which been signed gove rise to immediate **DUE TO** couse (a), stating the under-Generalized arterio-sclerosis pup lying couse last. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) factory, street, affice bldg., etc.) a. tt. Not while at work at work 21. I certify that I attended the deceased from April 15...., 1958, to April 25..., 1958, that I last saw the deceased _____ and that death occurred at 8:45A_M, from the causes and on the date stated above olive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 4713 Berwyn Rd. College Park, Maryland PHYSICIAN'S the registrar Wolcott L. Etienne, M.D. NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 28/58 Buria. Oak Lawn Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VE N15 (4) mymma 3218 Hudson St. DATE APR 2 9 158 15M 9HB



CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATE Maryland Prince Georges b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews AFB DOA Camp Springs d. NAME OF HOSPITAL (If not in hospital, give street address) DOA on d. STREET ADDRESS Lot #28. Trailer Park Arrival 1001st USAF Hospital, Andrews All B Andrews AF Base, Wash, 25, D.C. YES I NO IX NAME OF First OF DEATH Walter Carl Dills III April 12 [Type or print] 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Male Can WIDOWED | DIVORCED [12 April 1950 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Not Applicable Not Applicable Okla. City. United States Okla. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Walter C. Dills Jr. II Mary Lou Work 17 INFORMANT Walter C. Dills Jr Added Father 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Lot #28, Trailer Park, Andrews AFB, Wash 25, D.C. No INTERVAL BETWEEN ONSET AND DEATH SINCE BITT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Degenerative disease of the Nervous System **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. White Not white of work 21. I certify that I attended the deceased from 12 April 19 58, to 12 April ______19_<u>58</u>,that I last saw the deceased olive on See Reverse Sideo ____, and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE un 1001st USAF Hospital 12 April 1958 PHYSICIAN'S Andrews AF Base, Washington 25, D.C. JOHN W. SNOW CAPT 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 16 April 1958 Arlington National Arlington Va 23 FUNDRAL DIRECTOR STONATURE 24a, REC'D BY REGISTRAR RIG H St. NE Wash. DO DATE APR 1 6 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

ofter death.

12 April 1958: Deceased arrived at 1001st USAF Hospital, Andrews Air Force Base, Washington 25, D.C. At approximately 1000 AM, 12 April 1958.

I certify that deceased was DOA and I Confirmed same at approximately 1000 AM, 12 April 1958.

D C Coroner notified and did approve



OB ATERE

BUREAU V. S.

1	D	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1		CERTIFICATE OF DEATH Reg. Dist. No. 04892
director,	M	٦	PLACE OF DEATH O. COUNTY 7/11 B. C CC > G. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) O. STATE O. ST
deoth.	<u> </u>		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
s after of the full 2 should	.0	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A BARM? YES [] NO []
24 hour		3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH Aby Company Year OF DEATH ABY COMPANY YE
d within letely fi		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (a) Color OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (b) B) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If U
executer id camp in poper death.	1	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) What country 12. CITIZEN OF WHAT COUNTRY? What had been if retired 12. CITIZEN OF WHAT COUNTRY?
ician an e carba s ofter	\	.4 13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME JULIA FARMER
certific ng phys remaw 72 haur			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT March Jane February 1 (If you give wer or dates of service) 216-18-5706 Mrs. March Jane February Lope (Cope) 10-18-5706
attendir n please t within		ſ	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CALLY AND DEATH 2 Clauses
by the it. The ry even			442X DUE TO Herritensin Carelle - Vusculue
requires an. signed sit perm nd in a			gave rise to immediate cares (a), stating the under-lying cause last. (c) Revail Description 2 Here.
physicic physicic os been iof-tran vavol, a	() IS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
lan: Intending ficate halle bur		CEPTIEN	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)
pretisical of all or attacks this certification is a second or attacks to the control of the control or attacks to the con		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 40 Place Of INJURY (Home, farm, 20f. (City or town) (State) Hour a. m. 19 While Not write of work 0 factory, street, office foldg., etc.)
MUING hospith After t ched fai urial, cr			21. I certify that I attended the deceased from Mari 1928, to Charle 1923, that I last saw the deceased alive an Charle 6, 1928, and that death occurred at 71367M, from the causes and on the date stated above.
d by the			ACTUAL SIGNATURE SUMBS & HANSON M.D. ALLERY SIGNATURE SI
retary N Sh sh strar pri	/		PHYSICIAN'S Dames E. Sasseer M.D.
may be FUNEI page 3 the regis		7	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 4/10/58 5t. Lantustius Rel Alton
VS A15 (4)	V. N.	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LONG PROBLEM 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LONG FUNERAL DIRECTOR'S SIGNATURE LONG PROBLEM PR
	for	1	



& .V. UAIRUR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4941 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George's Prince George's Maryland ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 3 weeks Q Beltsville. Marvland Berwyn Heights. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? Eleven Cedars Nursing Home 6216 Quebec Pl. YES NO DO NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH Mabel Ellis April 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 4/26/70 Months Days white female. WIDOWED [7] DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
CLOTK

TI S Count + Kontucker 12. CITIZEN OF WHAT COUNTRY? U. S. Gov't. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hezakish Ellis Anna Mary Stoughton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Roe Anderson - 6216 Quebec Pl. Berwyn Heights. none no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Ď ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral arterio-sclerosis with infarction IMMEDIATE CAUSE (o) **DUÉ TO** Generalized arterio-sclerosis. Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour a. n. Not while at work at work p. m. April 25, 1958 that ! last saw the deceased 21. I certify that I attended the deceased from April 4. . 1958 , to 58, and that death occurred at 3:00P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 4713 Berwyn Road, NAME (Type Wolcott L. Etienne. M.D. College Park. Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) URIAL (Specify) 4/28/58 CEDAR HILL CEMETERY PRINCE GEO. COUNTY. MD. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD. DATE APR 3 0 '58

EVA A Z

FOR STATE						EXAMI	NER'S	CERTIFIC	ATE OF	DEATH	Rea. Dist.	No.04894
HEALTH DEPT.	1,	PLACE OF DEATH	Pr.	George	99=	M	ARYLAND	2. USUAL RESIDENCE	e (Where decess	ed lived. If institution b. COUNT	ution: Residence	before admiss on)
M of Heal	å	end give necess to	(flautside surporu: vn) rdale	e limits, write RU	IRAL	D.O.			N (If outs'de corp	orote limits, write	RURAL and g	ve nearest town)
Poord 144		l NAME OF HOSP	TAL OR INSTI	,				d STREET ADDRE	-			e IS REJIDENTE ON A FARM YES NO
retire Store		NAME OF DECEASED Type or print)	Ivy	First	Appendix on a State	Middle		lost Few	4. DATE OF DEATH	April	30	Poy Year 19 58
d 3 to 15 or	5, 5	Female	6. COLOR	ed w	IDOWED [ED []	11-12-57		9 AGE (in years lost birthday) yes.	70-	AR IF UNDER 24 HRS
1, 2, on 1, 2, on 1, 2, on 1, 1, 0nd 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		USUAL OCCUPAT luring most of work ***********************************			• 10b. KIN	OF BUSINESS		Maryla Morher's Maid	and	ountry)		S.A.
event v	15.			RMED FORCE		OCIAL SECURITY I	NO 17 IN	ORMANT	Betty B	arber Address		a Walington and
is pencil is len 18, incression and increase and incression and increase and incression and increase and increas		18. CAUSE OF DE PART I. DE. 9 24 1.0 Conditions, if gove rise to imm (e), stoling the cause tost.	ony, which	SED BY:	Ası	ohyxia	1	od_	'ews_sam	addres		Le val etiwen Diset and death
pending cal Exam renation	CERTIFICATION			ANT CONDITI							EN IN PART I	PERFORMED? YES NO
NEK; Ins con ng the word "i he Chief Medi e 3 sharid, c	MINISTER CENTIF	20c. EXTERNAL COPPRIMARY TO OF COCAUSE OF DEATH 20c. TIME OF INJUINATION TO THE OF THE O	JRY Month	Doy, Year	ASD	iration	of str	er noture of injury in ained peace OF INJURY (Home, y, street, office bldg.	form. 201. (City	t fed to	(County) (Stote)
rate, writing and the transfer of the transfer		21. I certify opinion death						e, held an Auto]. Suicide []		spection		- ·
gnated gnated		ACTUAL SIGNATURE	ohn	2.94	Aal	oney		MUL.	L EXAMINER			DATE SIGNED
should should its desi	270	RURIAD/CREMATE	ON, 226. DAT			D. C. NAME OF REA	METERY OR C	-	229 LOCAT	Apr		1958
5. A15ME 5M 2/57	23.	FUNERAL DIRECTO	R'S SIGNATUR	2-5 C		ADDRESS	uve)	01 1. W.	REC'D BY REGISTI		STRAK'S SIGNA	,
p	2	, , ,	4 /	1			4	· · · · ·				-



HEALTH DIPT. necessary, please I director. Page for your files. Board of Health,

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DAONE

	- 13	立	O	y	ę	7
Dita.						

						- 81	
DEACE OF DEATH			il a STATE	CE (Where deceased la	ved If institution	Residence before	e odmíssion)
	Prince Georges		AND	ryland		Pr. Geo.	
and give nearest to	_		c. CITY OR TOW	/N (If outside corporal	a limits, write RUR	At and give near	est town)
	verly			dover Hill	8		
	_	of in hospital, give street address)	/			e	ON A FARM
	corges General	. Hospital	4012	71st Avenu	e <u> </u>		YES D NO [
3. NAME OF DECEASED (Type or print)	Charles	Anthony	Forame	4. DATE OF DEATH	April	25	Yeor 19 58
5. SEX	6 COLOR OR RACE 7.	MARRIED MEYER MARRIED	B DATE OF BIRTH	9. A	GE Ile years IF L		UNDER 24 HR
Mole	white w	DOWED DIVORCED	11-28-18		39 yrs. Mo	inthi Days H	laurs Atin.
	TION (Give kind of work don	106, KIND OF BUSINESS OR IN		State or foreign count	y) 1	2. CITIZEN OF W	VHAT COUNTR
Mercha	nt	Awning	Was	hington.	D.C.	U.S.	A .
13. FATHER'S NAME			14. MOTHER'S MAID				
Sa	lvadore Foran	ie		Mary Louis	se Chesel	dine	
15. WAS DECEASED		S? 16. SOCIAL SECURITY NO	17. INFORMANT		_~		37 75
Page 400 at audiosul)	(17 yes, give wor ar dans) at teres	10)	Leo Roy Fore		v. Virgir	ILA AVE.	, N.E.
18. CAUSE OF D	EATH [Enter only one couse (per line for (o), (b), and (c).		Washi	ngten, D.	INTERVAL	BETWEEN
PART I. D	EATH WAS CAUSED BY	Uemermbere	and absolu			ONSET A	ND DEATH
781X	IMMEDIATE CAUSE (0)	Hemorrhage	and Brock				
Condition is	DUE TO	O					
Conditions, if	mediate couse	Gunanot Wol	mds of chest	and abdom	en		
(a), stating the	The state of the s						
	/ (c)	ONE CONTRIBUTION TO DOLL THE	District Control of the State of				
PARI II.	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	TERMINAL DISEASE CO	MDITION GIVEN I	N PART 1(0) 19.	WAS AUTOPSY PERFORMED?
5						YES	ИО 🗌
PART II. C	CAUSE WAS 206 C	PESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Part for Part II of it	em 1# }		
		Homiside					
3 20c. TIME OF IN		20d INJURY OCCURRED 20e While Not while	PLACE OF INJURY (Home, factory, street, office bldg.	form, 120f. (City or It	own)	(County)	(State)
	x: 4-25-58 19	at work at work	utomobile		over Hill		leo. Md
21. 1 certify	that I took charge of	the remains described	obove, held an Aut	opsy 🛣 , Inspe	ction X, I	nquiry X.	ond in my
opinion deat	th resulted from: Not	ural causes [], Accide	ent []. Suicide []	, Homicide	Undetermi	ned manner	
/) /	0					
ACTUAL SIGNATURE_	LA/20 7 99	Jalonen	M.D CHIEF MEDICA	AL EXAMINER		-	ATE SIGNED
1	- UNIVOUS	- Company	,	EDICAL EXAMINER			
EXAMINER'S NAME (Type)	John T. Malon	ey. M.D.	DEPUTY MEDI	CAL EXAMINER I	April	25. 199	58
270 BURIAL CREMA	TION, 226 DATE THEREOF	22c. NAME OF CEMETER			(City, town, or co		(State)
Bull'all Speci	(y) kx 4-28			Colma	r Manor	· Dine	farqual
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	246/ REGISTRA	W 1071 1100 1100	
ьее Ри	neral Home	washington D.		APR 2 8 '58		-educh	
			I DAII				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the chief Medical Examiner's Office along with form PM3. Page 5 may be released to FUNERAL PURECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stare or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. **V5.** A15ME 5M 2/57

BUREAU V. S.

DIACED ACO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4874 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · countrince George's o. STATE aryland b COUNTY Prince George's MARYEAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) College Park, Md. College Park, Md. d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Greenbelt Road .. 4713 Greenbelt, Road. 4713 YES NO 🗷 3. NAME OF Middle DECEASED (Type or print) 19 J 5. SEX 6. CÓLOR OR RACE 17 9. AGE [In years MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last bisthdoy) Months Doys white female April 19, 1882 WIDOWED 1 DIVORCED . 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) own home Maryland USA pup carbon ō after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Emanuel Jenkins Elizabeth Walters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO 17. INFORMANT Address 0 W Fuller College Park, Md. none 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of ilem 18.1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while ot work at work 19.5 Sthat I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at M, fram the causes and an the date stated above ADDRESS [Street, city or lown, stote) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Transportation 4/23/58 Cumberland Marvland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S'SIGNATURE VS A15 (4) APR 2 5 '58 F. Gasch's Sons Hyattsville Md. DATE 15M 10/57



GIBERU V. Z.

y the funeral director, 2 should be filled with

s after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hough

may be relaided by the hospital or ottending physicion.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 short be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and the registrar priar to burial, cremation, or remayal, and in the very within 72 hours ofter death.

VS AIS (4) 15M 9/SS 00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04897

4942 CERTIFICATE OF DEATH

Reg.	Dist	MI-

	Reg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Prince Storge Co. MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest lewn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS PESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) World W. Harm	Lost 4. DATE Month Day Year OF DEATH 24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. August 5. 1896 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS dyring most af working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes, no, or unknown) (If yes, give war or dates of service)	ames Larner Brundgume med
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PUT O PART I. DEATH WAS CAUSED BY: DUE TO	acrement Viscoli Remal Descent Interval Between ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	nesa
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED How e. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from £-1.	, 1958, to 4-25, 1957, that I last saw the deceased
ACTUAL ()	accurred at 6 101/1 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
PHYSICIAN'S Richard H. D. 6 30 V	W.D.
220. BURIAL, CREMATION, 22b. DATE THEREOF BERNOVAL (Specify) 4 - 2 8 - 5 8 22c, NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
22 FUNERAL DIRECTOR'S SIGNATURE 134891, Calhoun of	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 2 2 158

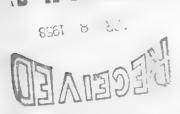


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4901 Reg. Dist. No. directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY Page o. STATE b. COUNTY MARYLAND CITY OR TOWN (If oulside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) URACIand give negres Jowy P DE HOSPITAL U not in hospital. give street oddress) d. STREET ADDRESS IS RESIDENCE OF INSTITUTION ON A FARM? YES T NO T NAME OF DECEASED **First** Middle 4. DATE Last Yeor (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED AGE [In years lost pirthdoy] IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED | DIVORCED | 3 711 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during, most of working life, even if retired) arri 13. FATHERE NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (t)." INTERVAL BETWEEN ONSET, AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **DUE TO** á Conditions, if any, which been signed the transit permit of, and in any (b) gove rise to immediate **DUE TO** couse (o), stoting the under-Pug lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o m factory, street, office bldg., etc. While Not while of work of workp. m. 21. I certify that Lattended the deceased from that I last saw the deceased alive on and that death accurred at____ M, from the causes and on the date stated above ADDRESS (Street, city, or fown, state) ACTUAL SIGNATURE 8 PHYSICIAN'S NAME (Type FUNER 220. BURIAL, CREMINTION, | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) afind (Stote) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D VS A1S (4) 300-4 1SM 10/S7 DATE

8561 OT E.

2 NATRUS

1 1	MARYLAND STATE DEPARTA	IENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. Dist. No. 14898
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institution Per dence before adm suan) o. STATE Virginia b. COUNTY Northumberland-s
our files.	b CITY OR TOWN If outside corporate hands, write EURAL c LENGTH OF STAY IN 18 cand give hearest lawn) heverly, Md	Senora, Virginia
For y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital	d. STREET ADDRESS e 15 FC , DENCE ON A FARM? YES NO [
reform	3. NAME OF First Middle OCCEASED (Type or print) Thomas Jester	George DEATH April 3, 19 58-
f 3 to the may be with It with It was after	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 white widowed 1 divorced 1	8. DATE OF BIRTH 9. AGE (in years IF UNDER 14EAR IF UNDER 24 HRS 9/11/1865 92 yrs. Months Days Haurs Min
Poge 5	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired farmer	STRY 11. BIRTHPLACE (Stole or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Virginia U S A
Poges 1 PM3. PM3. Poges and with	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME UNKNOWN
Give Give ith form File ony eve	(Yes, no, or unknown) (1f yes, give wor or date; of service)	James W George Glendale, Maryland
noud be executed with in them, 18, with them, 18, winers's Office along we a burial-transit permin, or removal, and in	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART ! DEATH WAS CAUSED 8Y; GOOD TO DUE TO Conditions, if any, which gave rise to immediate cause [o], stating the underlying couse last.	Enclose on one of the person o
pending tol Exor used as	CANO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO NO
AMINER: Into certification the she Chief Medit Page 3 should be prior to burial, o	PRIMARY FOR CONTRIBUTING 7 2 2 2 2 2 2 2 2 2	(Enter notifye of injury in Port I or Port II of Item 18) ACE OF INJURY (Home, form, 20) (City or fown) (County) (State)
IT MEDICAL EX.	actual signature EXAMINER'S A MP S A B S A C C	Suicide , Homicide , Undetermined manner DATE SIGNED ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D OF 1958
9 4 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	220. BJRIA. CREMATION 226 DATE THEREOF PROVAL (Sper (y) Little Control of Con	



BUREAU V. S.

1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	E	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 04900
HEALTH DEF		1. PLACE OF DEATH 2 3 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. COUNTY (b. COUNTY (b. COUNTY (b. COUNTY (c. COUNT
of Heal	フ	b. CITY OR TOWN III outs de corporate limits, write FLAL c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
dire dire Boord h.	^	d NAME OF HOSPITAL OR INSTITUTION (If hos in hospital, give street oddiess) d STREET ADDRESS 725-57th Ituch VES NO
to the furth the the story offer deat		3. NAME OF DECEASED (Type or print) (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE 10 food IF UNDER 14 EAR, IF UNDER 24 HR.
5 mod 3 2 will hours		The CC Landing WIDOWED DIVORCED DIVOREDITATA DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV
1, 2, a Poge 1 and hin 72		Cederal formation of the control of
e Pages rm PM3, e pages vent wit		13. FATHER)S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT. Address
Grand Files		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. BINFORMANT. [Ven, no. of unhouse) [If you, give mount of service] [If you, give mount of service] [If you give mount of service]
tem, 18 Ibng v I perm and in	_	PART I. DEATH WAS CAUSED BY: WAMEDIATE CAUSE (a) THE CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: WAMEDIATE CAUSE (b)
pencil in the second of the se		Conditions, if any, which (b) Conditions contain to immediate course (b)
miner s o b o o o		coute fost. (c)
of Exo of Exo or Exo or Exo or Exo	٠٩.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
word "F F Medic old be uriol, c		200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of stem 18)
he Chie		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d INJURY OCCURRED White Nat white of work 19 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
ote, writh		21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner .
Pertification of the control of the	4	ACTUAL SIGNATURE A.D. CHIEF MEDICAL EXAMINER A.S. SISTANT MEDICAL EXAMINER
cure Provid UNERAL	٥٠	EXAMINER'S 14 1105 T DEPUTY MEDICAL EXAMINER (Type) 14 1105 T 120 NAME OF CEMETERY OF CREMATORY 1220 DOCATION (City India of County) 15 Mars
5 4 5 5		REMOVAL (Specify) Burial 5/2/58 Holy Cross Cemetery Brooklyn New York 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5 A1SME 5M 2 '57		F. Gasch's ons Hyattsville Md. DATE MAY 5'58 Quereduch



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
' -	4>		CERTIFICATE OF DEATH Reg. Dist. No. ()4901
age 4	1/	1.	PLACE OF DIATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE o. STATE D. COUNTY D. COUNTY
th. If		\vdash	b. CITY OR TOWN (If outside corporate limits, write FLIENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and after restrict town)
r dea funer old b	(M		Dural-Holelphi Silzer Joving
s afte y the 2 sho	0	1	d NAME OF HOSPIAL (If not in Merpitol, give street address) SOR INSTITUTION ON A FARM? 2105 JANAND SYLVENIA DIALVATION SYLVENIA S
The second	70	3.	NAME OF First Middle Last 4. DAYS Month Day Year
in 24 filled ges 1			(Type or print) MEMIE A/Zerde 4/ed-50x DEATH April 21 1952
d with detely		5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACS (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the last birthday) 15. WIDOWED DIVORCED DIVORCED NO. 7 180 Hours Min.
comp comp paper	1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 112 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
ond bon er de		C	
tate by incident we country offi			E. Miny Markin Janie Quintella ward
ertific physicanov 2 hau		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FOREES 16. SOCIAL SECURITY NO. 17 INFORMANT
ath c nding sase		-	18. CAUSE OF DEATH [Enter only one course per ling for (o), (b), and (c).] [INTERVAL BETWEEN
otter n ple t with			PART I. DEATH WAS CAUSED BY HOTERIAL Embolism at ONSET AND DEATH
y the The			433,1 DUE TO DI FUTCATION OF abdominal mortal Uncletermine
ed b			gove rise to immediate (b) Cecepco - Scleros (c)
requir on. n sign sit pe			coese (a), stating the under DUE TO Cerebral Itemorrhages, Multiple Michelling
bysici shysici si beer al-tran	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NORTH
ing price ho burick burier		RTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CtAN thend tifico s the		AL CE	
PHYSI of or of his cer use of		MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) 4 factory, street, affice bldg., etc.)
NG Ispite			21. I certify that I attended the deceased from Nor 17, 1957 to 170 21, 1957 That I last saw the deceased
the house of the h			alive an 195, and that death accurred at 1, M, from the causes and an the date stated above.
d by SECTO			ACTUAL SIGNATURE COMPANY STORES (SIreel, city or lown, stole) DATE SIGNED SIGNATURE COMPANY 2/1957
Par etc.	1		PHYSICIAN'S GEORGE L. Ball Silver Spring Mcf
DSPI be i INER		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (Stote)
O HO			burial 4/23/58 Mattawoman, Maryland
VS A15 (4)	***	23.	FUNERATORECTOR'S SIGNATURE. ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS DATE APR 2 2 158 LIFE BULL LIFE L
15M 9/55	1.		WALL D

OBVILDED SEE

BUREAU V. S.

N 1 dece	1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR STATE	7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 114902
HEALTH DEPT.	1, 6	LACE OF DEATH COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o STATE Maryland b COUNTY Prince George's
ory. Please for Page with files. of Health		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) or one Hill Maryland.
rect ryo rd o		NAME OF HOSPITAL OR INSTITUTION (If not un hospital), give street address) d. STREET ADDRESS e. IS RESIDENCE.
Boo d	72	22 E Fort Foote Terrace 7222 E Fort Foote Terrace VES NO EX
e for refor Store Geoth	1	NAME OF First Middle tost April 1, 19 58-
If only 3 to the may be with the urs offer	5, S	emale white widowed Divorced Sept 9, 1922 AGE In years IF UNDER TYEAR IF JNDER 24 HKS
death. 2, and 2, and ond 2 172 ho	10o	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country) Using most of working life, even if retired) We dical technician Bristol Tennessee USA
		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page Pog		James M Godsey Ida Poore
in 24 hours, Give hith form it. File ony even	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT 7222 Edd or Foote Terrace none none Louise Michaelis Oxen Hill Maryland
uted with Item, 18 olang v tit perm I, and im		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] Congaline for (6), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] Congaline for (6), (b), and (c)]
ffice from		DUE TO SUE TO
ould be in pendiner's Or ren		Conditions, if ony, which (b) (b) (governise to immediate course (c), stating the underlying (course lost. (c)
ending the shading of Examination semation	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUDOPSY PERFORMED? YES IN NO
is certificated "p	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
VER: The og the	MEDICAL	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. While Not white at work of work of work
AMIL Triting the Page Prix		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
OR Jed J		opinion death resulted fram. Natural causes 🔀 Accident 🔲 Suicide 🔲 Hamicide 🔲 Undetermined manner 🔲
MEDICAL CHARGO CONVERTED C		ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL E
Cote Ib.	270	EXAMINER'S DAME (Type) DAME S 1, 1958 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CENETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote)
0 4 0 p		removativi 4/3/58 East Hill Cometery Bristol, Tenn. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
VS. A15ME 5M 2/57	T	ne S.H. Hines Company 2901 14th St. N.W. APR 3 '58 Queleauch

DECENED

5. 1. 7 A9A

2 .V UAZAUG

ofter death. Page

OBVIECELY 8251 82 89A

FOREEAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4904 CERTIFICATE OF DEATH

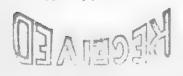
Reg. Dist. No. 04904

	1148, 4111, 141
1. PLACE OF DEATH b. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
Prime Georges MARYLAND	Maryland Prince Georges
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Cheverly 2 Days	Riverdale
d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
OR INSTITUTION	ON A FAPM?
Prince Georges General	1 1609 Rittenhouse St. YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
(Tune or print)	raham DEATH Aril 7 19 58
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	lost birthdoy) Months Days Hours Min
Female White WIDOWED TO DIVORCED	11-29-73 81, 11
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTR
HOUSEWIFE AT HOME	KANSAS U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JOHN HAMBURG	REBECCA
(Yes no or unknown) . He was now wor or dyter of service)	ALETA M. ROBERS 12007 Brooksilaven
NO 212-10-2632	ALETA M. ROGERS 12007 BYONKSTINVER SPRIN
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN
	ONSET AND DEATH
14 MMEDIATE CAUSE (6) 10 R B 70 C 10 P	Neumon H /week
DUE TO	
Conditions, if any, which) (b) ANTENIOSC	LENOTIC HEART DISCASE 6 mos.
gove rise to immediate [
luing anyon last	
/ (0	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 1997 X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
5 47/X	YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Port I or Part II of item 18.)
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Not while	*LACE OF INJURY (Home, form, † 20f. (City or town) (County) (State) actory, street, office bldg, etc.) !
p. m. 19 of work 0 of wark	
21. 1 certify that I attended the deceased from April	5 1958 to APRIL 7 1958 that I last saw the decease
All and a series year Co	2 2 2
alive an 17pm L 195 b, and that dea	
111 11/1	ADDRESS (Streel, city or town, stote) DATE SIGNI
SIGNATURE Mirmon Donel Fine	MD 3503 /ENRY ST 4/7/5
PHYSICIAN'S NORMAN DONAL OME	PAL MIKAINIER Md.
200 SUBIAL CREATION 1706 DATE THEREOF LOS LIVING CO.	OR CONTRACTOR ON LOCATION CO.
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY	
REMOVAL (Specify)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 SECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. RECTOR: After this certificate has been signed by the attending physician and campletely filled yet a fune funeral director. A be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed yet prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERA page 3 shou the registrar VS A15 (4) 15M 10/57

₽′ ,

OBVIED EN



8361 O1 A9A



OBVIZION 830, APA 840 S. V. UAZAUN certificate

BUREAU V. R.

8391 6 534

PECENED

~17		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
R		4947 CERTIFICATE OF DEATH Reg. Dist. No. 04908
(M)	1,	PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY PRINCE GEORGES MARYLAND O. STATE MARYLAND D. COUNTY PRINCE GEORGES
	Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town SPRING 4 VEARS SILVER SPRING
47		d. NAME OF HOSPITAL (If not in hospital, give street address) or institution d. STREET ADDRESS RESIDENCE ON A FARM? YES NOW
	3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) A DATE Month Doy Yeor DEATH APRIL 14 1958
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
		o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) HOUSE WIFE 12. CITIZEN OF WHAT COUNTRY? USA USA
		LOUIS PLAX 14. MOTHER'S MAIDEN NAME MARY PAULSON
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT HARRY HAIS SILVER SPRING, MC
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY. CORONARY THRO 1430515 INTERVAL BETWEEN ONSET AND DEATH 3 HOURS
		Conditions, if ony, which gave rise to immediate couse (a), stating the under-tying couse lost. DUE TO (b) ARTERIOSCLERATIC HEART DISEASE I YEAR (c) (c)
٥	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 19. WAS AUTOPSY PERFORMED?
	CERTIFICATI	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) 4 factory, street, office bldg., etc.) 5 factory, street, office bldg., etc.)
		21. I certify that I attended the deceased from JAN 1953 to APR 14, 190, that I lost sow the deceased olive on APR 14, 1958, and that death occurred at 3 A. M. from the causes and on the date stated above.
		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE APRIL'S
- 1		PHYSICIAN'S SANUEL J. N. SUGAR MT RAINIER, M.D.
	L	No. BURIAL, CREMENTON, 12th. DATE THEREOF 22c. NAME OF CEMETERY OF CREMENTORY 22d. LOCATION (City. fown. of county) (State) BURIAL (Specify) APRIL-15-1958 ADAS ISRAEL CEMETERY WASHINGTON. D.C. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
		RERNARD DANZANSKY +SONS-3501-14TS St. N.W. DATE

APR 16 1953

BUREAU V. S.

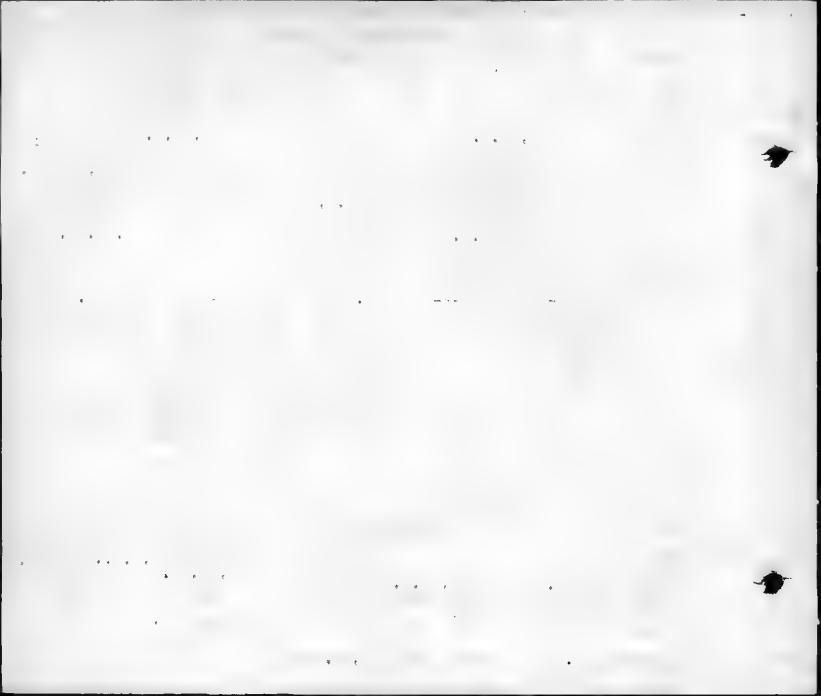
irs after death" Page 4 by the funeral directar, nd 2 should be filed with Then please remove carbon papers. Pages 1 of effect within 72 hours after death. OR ATTENDING PHYSICIAN: The lam requires that the death certificate be mecuted within 21th RECTOR: After this certificate has been signed by the attending physician and campletely filled 18 00y ed by the hospital or attending physician. riar ta buriat, crematian, ar remavat, and be detached for use as the burial-transit TO HOSPITAL may be rej TO FUNER page 3 s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4948

CERTIFICATE OF DEATH

Reg. Dist. No. ()4909

1. PLACE OF DEATH					. USUAL R	ESIDENCE (Wh	ere decease	d lived. If ins	lilution: Reside	nce before	admission)
o. COUNTY Pri	nce Georg	es t	MARYLA	MD	a STATE	Maryl	and	b. cou	^{NT} Prin	ce G	eorges 1
b. CITY OR TOWN (f outside corporate limits	, write	c. LENGTH OF STAY IN	1 16	c CITY C	R TOWN (If o	utside corpo	rate limits, wr	ile RURAL and	give neare	est town)
RURAL -Rit	chie	ł	20 years	3	(RUR	AL-Rit	chie				
d NAME OF HOSPIT	AL (If not in haspital, giv	e street o	ddress)			T ADDRESS				٠.	IS RESIDENCE
6326 Ritc	hie Road,	S.F	E .		6326	Ritch	ile R	oad, S	·E.		YES NO TO
3. NAME OF DECEASED	First		Middle			Lost	4. DATE		Month	Day	
(Type or print)	A:	nna	Bel]	Ļ]	Ham	DEATH		April	28,	, 1 ₉ 58.
5 SEX		MARRI	ED NEVER MARRIED	□ B.	DATE OF B	IRTH		P. AGE (In ye	ars IF UNDE		F UNDER 24 HRS
Female	White	MIDOWE	DIVORCED	\Box J	an.8	,1884		9. AGE (In yellast birthd	yrs. Months	Days	Haurs Min.
100. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. I	CIND OF BUSINESS OR	INDUST	Y 11 BIRTI	HPLACE (State	or foreign c	auntry)	12, CI	TIZEN OF	WHAT COUNTRY
Retired P	ostmistre	SB T	J.S.Govern	men	t :	eaxe T			บ	• S•	A.
13. FATHER'S NAME						R'S MAIDEN N	IAME				
David McL	aughlin				Del:	la Mes	ns				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO	17, INF	ORMANT				Address		
No				Mrs	. Mi.	gnon H	leste	r-same	9 as a	pose	•
18 CAUSE OF DEA	TH [Enter only one cour	se per line	e for (o), (b), and (c).]		·					INTER	VAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	B	roughb	K'I	LL'LL	-1202	H a	*			TAND DEATH
450.0	DUF TO		V								
Canditions, if or	ny, which) (b)	140	1. Cc Con	14-	e de u	e Car	solli.	10/2	che it		3 charge
gave rise to it		7		7.	- pl ~	/ *	, ^	1			,
lying cause last.	(c)_	- 4/	11.004/	66 1	. Cin	6500	-E 26"	48 .		66	where rul
PART II. OTH	IER SIGNIFICANT COND	TIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PAR	T 1(a) 19.	
PART II. OTH H 3 1 × 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	-		nous of	74	(t)					,	PERFORMED?
20g. ACCIDENT WA	S UNDERLYING [] 2 CAUSE OF DEATH	06. DESC	RIBE HOW INJURY OCC	URRED	Enter natur	e of injury in P	ort I or Par	t II of item 18.)		
	MEDICAL EXAMINER)	**									
20c TIME OF INJUR Hour o. m.	Y Month, Doy, Year	1		Oe. PLAC	E OF INJUR	Y (Hame, form fice bldg., etc.	. 20f (Cily	or lawn)	(County)	(State)
Hour o.m.	19	While of work	-Not while of work	*	y, street, or	rice bieg., etc.	' -				
21. I certify th	at I attended the a	decease	d from MAA C	4.	3/. 19/	758 in 6.6	tere	6 2810	S that I	last say	w the deceased
alive and the	4.27	195	116			7. 50'7	M from				stated abave
		,	***					treet, city or to		ne daie	DATE SIGNED
ACTUAL	2016470	1.7	Seff Kan	. м	544	O Sily	ver H	ill R	oad,S.	E . /2	4/28/58
			C.		Was	hingto	on 27	, D.	C		PA - DA 25T - A - A - A - A - A - A - A - A - A -
PHYSICIAN'S T	Paul C. Va	n N	atta, M.D	•							
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR O	REMATORY		22d LOCA	TION (City, Io	wn, or county)		(State)
Burial	5/1/58		Epiphany	Cer	eter	y	Fore	stvil	le,	Mary	yland
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS TITY	per		24a. REC'I	BY REGIST		EGIŞTRAR'S SI	GNATURE	
Ritchie F	Brog Funer	For	Home-Marl	pon hor.	-bM.	DAMAY	6 '58	3 (35)	- hope	1	
	A	- Same							بالبادا فياست البعب	total Affilia	

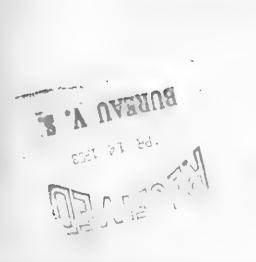


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY a STATE COUNTY MARYLAND Prince Georges Riverdale Maryland Prince Georges Funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) D E. Riverdale. hours Riverdale d NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO A 6110 Somerset Ave. Leland Memorial Hospital NAME OF Eurst Middle 4. DATE Month Year Day DECEASED DEATH (Type or print) April 19 58 Baby Girl Holcombe SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days Hours WIDOWED I DIVORCED [whi.to April 10. Female 50 popers. 100 USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) carbon 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME Wayne N. Holcombe Florence V. Smith IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Mother's Hespital Chart 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY IHome, form, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Haur a, m Nat while While at wark 🔲 at wark 📋 19-50, that I lost sow the deceased I cortify that I oftended the deceased from alive on M, from the couses and on the date stated above. occurred ADDRESS (Street, city or lown, DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) FUNER 3 22b. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (State) Apr 14. Evergreen Cemetery Bladensburg, Md. 0 **ADDRESS** 240 REC'D BY REGISTRAR - 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Hyattsville Md. Gasch's Sons VS A15 (4) APR 1 4 '58

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Reg. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institutions. Residence before admission) o. COUNTY 6. COUNTY files. Health. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside egroporate limits, write RURAL and a ve nearel fown) d STREET ADDRESS IS RESID NITE ON A FARM YES NO F 3. NAME OF Middle DECEASED OF DEATH (Type or print) 5. SEX MARRIED TO 9. AGE III yours IF UNDER TYEAR Months Hours Min. WIDOWED [11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 0 14. MOTHER'S MAIDEN NAME 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one course per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, it any, which gove rise to immediate cause **DUE TO** (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20d. INJURY OCCURRID Mogth, Day, Year , 20e PLACE OF INJURY (Home, form, 1201, (City or 20c. TIME OF INJURY 12-1958 While Nol white of work 21. I certify that I taok charge of the remains described labove, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes], Accident . Suicide V, Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER NAME (Type) 22c. NAME OF OR CREMATORY 22d. LOCATION (City, town, or county) ADDRESS FUNERAL DIRECTOR'S SIGNATURE VS ATSME



Page director

ofter death.

filed f

the funeral should be fi

y physician remave car 2 haurs afte

attending a

á

signed

requires that the

ō

P

FUNER

0

VS A15 (4) 15M 10/57



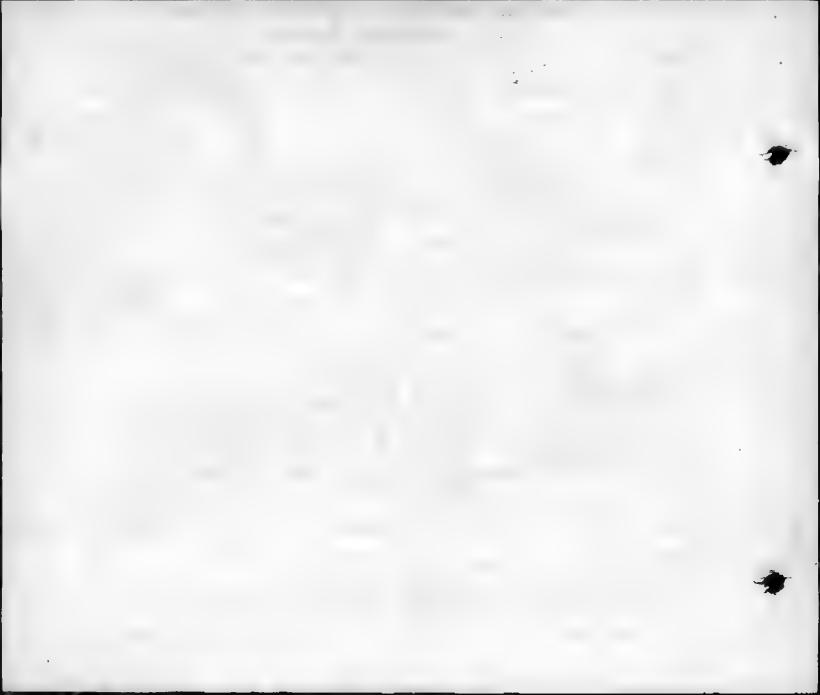
Z .V UAMAUE

1	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
17	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04913
FOR STATE	AOKO Reg. Dist. No. J. D
HEALTH DEPT.). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
8 g . ÷	o. COUNTY Prince Georges MARYLAND STATE Md. b COUNTY Prince Georges
Pog Files.	b. CITY OR TOWN (If outside corporate limit) with RURAL and a venegrast town)
of gray	Glen Arden 8 years × Glen Arden
irec irec	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3rd and Lincoln Avenue 3rd and Lincoln Avenue YES NOTE
\$ 0 E	3. NAME OF First Middle Int A DATE Month Day Year
P S S S S S S S S S S S S S S S S S S S	OF DECEASED (Type of print) Robert Jones DEATH April 6, 1958
Pr st j	5. SEX A COLOR OR SACE 7. MADDIED TO NEVER MADDIED TO B DATE OF SIRTY OF SI
3 loy not have	log by thdoy) Months Doys Hours Min
15 2 2 mg	116.10
2, oge	during most of working life, even if retired)
5-4-4	
MA3. MA3.	13. FATHER'S NAME
Page Page Pog	Robert Milton Jones Mary Bradley
A Principal of the Prin	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
E E E	No 225-05-3083 Alberta Jones; same address as # 2.
Transit and the state of the st	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
2 2 2 2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure
To se to	4404 A DUETO
exe citio Africa alov	Conditions, if ony, which) (b) Cardiovascular renal disease
8 8 % 10 10	gove rise to immediate cause
o o o	(a), stating the underlying DUE TO
Sign of Sign o	
act of a state of a st	PART II, OTHER STORMEDAY CONDITIONS CONTINUED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
der	YES NO 🖪
d fert	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
wor f M entid	
다 하는 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, fectory, street, affice bidg., etc.) (County) (State)
NE 3	Hour e.m. While Not while factory, street, article blog., etc.)
Page 1	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
T T T T T T T T T T T T T T T T T T T	opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
N Color	
Page Page Page Page Page Page Page Page	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
Z + T R S	EXAMINER!
Para S	NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER (220- BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY (22d, LOCATION (City, fown, or county) (Stote)
DE SPEC	REMOVAL (Specify)
F . 5 .	
VS. ATSME	23 SUMERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 240. BEGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR 240. BEGISTRAR'S SIGNATURE
5M 2/57	APR 8 158 Wheeler
1	

BUREAU V. S.

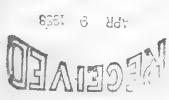
DECENVEN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4951 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY **b** COUNTY MARYLAND sunce deoth. 6 CITY OR TOWN (If outside corporate Jimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN Woutside corporate limits, write RURAL and give nearest town RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF DECEASED First Middle 4. DATE Month Day Year OF DEATH OBER (Type or print) 19 3 9, AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME IS WAS DECEASED EVER IN U. S. ARMED FORCEST TO SOC AL SECURITY NO 17 INFORMANT Address Iff yee, give wor or dates of service? edse 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if ony, which Olly gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? monities YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m Not while of work of work 5) that I last saw the deceased 2). I certify that I attended the deceased from and that death accurred at 6/60A. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 22d. LOCATION (City, town, as county) (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE MAY VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 049154909 **CERTIFICATE OF DEATH** Rea. Dist. No. director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY 6 COUNTY THE REAL PROPERTY. Prime George Maryland Prince George Funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Hvattsville - Carrollton Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General 5902 - 85th Avenue. YES NO NAME OF First 4. DATE Middle Doy Month Year DECEASED OF DEATH (Type or print) Adelbert F. Langdale 1558 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min Sept. 15th 1903 DIVORCED T Male WIDOWED Whi.to 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wash. Rubber Cd. Buffalo N.Y. U.S.A. Merchant 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma: W. Lansdale Howard S Lansdale. 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Marion W. Lansdale 5902 85th Ave. Hvatta INTERVAL BETWEEN Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Mellin so IMMEDIATE CAUSE (a) 162.1 DUE TO Ę. χwo Conditions, if any, which gned gave tise to immediate E. 5 DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work D. m. 21. I certify that I attended the deceased from Vac-19-2 X, that I last saw the deceased and that death occurred at 6:00 a.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, slate) ACTUAL SIGNATURE. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Washington D.C. Olivet Cem 2 PONERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **VS A15 (4)** 15M 10/57

death. Page



BUREAU V. E.

TO HOSPITAL O	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 boyrs after death. Page 4	within 24 hogrs after death. Page 4
TO FUNERA	may be reformed by the hospital or attending physicion. TO FUNERA (RECTOR: After this certificate has basen signed by the attending apprican and campletely filled toy the funeral director.	elefy filled by the funeral director,
pode 3 should	page 3 shaffal be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	. Pages 1 and 2 shauld be filed with
the registrar pr	the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours affect death.	7

VS A15 (4) 15M 10/57

ARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
-----------	------------------	----------------------	----

4910 **CERTIFICATE OF DEATH**

Reg.	Dist	No	Α	1	0	1	£
neg.	DIST.	NO.		~~	. 1	-	111

PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE o. STATE		f lived (f institution b COUNTY	Residence b	efore adm	ssion)	
Prince George		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Chevenly Md	c. LENGTH OF STAY IN 16	X Lanham.		rate limits, write KU	KAL and give	negresi low	/n	
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION		9332 ADDIS		Highway		ON	SIDENCE A FARM?	
Prince George General He	ospital	Box 297	Route	# 1		YES	NO 🛂	
3. NAME OF DECEASED (Type or print) Police	Marcus	Losi	4. DATE OF DEATH	Month	-	Doy	Yeor	
3 Car 1 C	D NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years	FUNDER 1 YE	AR IF UNE	19 58 ER 24 HRS	
MIDOMED	75	8-1-97		9. AGE (In years lost birthdoy)	Months Doy	s Hours	Min	
10a. USUAL OCCUPATION (Give kind of work done 10b. KI	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S	tote or foreign co	ountry)	12 CITIZEN	OF WHA	T COUNTRY?	
during most of working life, even if retired) HOUSEWIIE	t Home	Kentu	icky		I II.	S.A/		
13. FATHER'S NAME		14. MOTHER'S MAID		-		W 4-47		
Lott Anderson		Rebbec		unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		INFORMANT		9332 Dei	ense	Hy.		
NO **** Yes		Mr. Russel	1 Lee	Lanham,	Mary	land		
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c)]					NTERVAL B		
PART I. DEATH WAS CAUSED BY:	bellar hemor	rhage and th	rombosis	2	0	I ho		
332X DUE TO						also AAV	3144	
	mbosis of an	terior carch	ים מפורם	ret survey		1 he	h n@	
gove rise to immediate	moodab of was	001101 00100	CLLCL C	1 001,9		T : ((er tille	
conse (o), storing the under-	bral Arterio	enlamosis				350	2.2.20	
			FRMINAL DISEAS	E CONDITION GIVE	N IN PART I/o		VZGOTILA	
CATIO						PERF	ORMED?	
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	RED (Enter nature of injury	y in Parl I or Parl	t II of item 18.)				
20c. TIME OF INJURY Menth, Doy, Year 20d. INJ Hour o. m. White of work [Not while f	PLACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City , etc.)	or lown)	(Coun	ty)	(Stole)	
21. I certify that I attended the deceased	fram	. 19 ta		. 19	that I lost	saw the	deceased	
alive an		h accurred at 12:						
000	I' An	accorded diggs		reet, city or town, st			ATE SIGNED	
SIGNATURE SIGNATURE	Olle	м.в. 5510		n Street	· ·			
	oth			Marylar			****	
	22c NAME OF CEMETERY			ION (City fown, or Leston,		rgin		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240	REC'D BY REGIST	RAR 246 REGIST	RAR'S SIGNA			
W.W. Chambers Co. Inc	. Riverdal	e, Md. DATE	APR 2 1	'58 Cu	A ear	ch		

Mas and a series of the series

BUREAU Y. E.

836: IS ARA

⊢

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4952 **CERTIFICATE OF DEATH** Reg. Dist. Ne with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed b. COUNTY MARYLAND PRINCE GEORGES DISTRICT OF COLUMBIA erol b. CITY OR TOWN (If outside carporate limits, write å C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) should GLENN DALE 9 MONTHS WASHINGTON. D. C. d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. 15 RESIDENCE 08 OR INSTITUTION ON A FARM? N CV GLENN DALE HOSPITAL 715 F. St., N. E. YES NO KT NAME OF First Middle 4. DATE Month Yeor Day DECEASED filled (Type or print) WILLIE LFE DEATH APRIL 19 58 18 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthdoy) Months Dovs 9/7/02 CHINESE DIVORCED | MALE WIDOWEDX yrs papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS during mast of warking life, even if retired) LAUNDRY WORKER LAUNDRY Toysung, China U. S. oud carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHUNG LEE ENG SHEE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address NO DECEASED 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BRONCHOGENIC CARCINOMA. LEFT LUNG 1 YEAR 162.1 DUE TO ony Conditions, if any, which gave tise to immediate DUE TO couse (a), stating the underburial-transit remayal, and lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES A NO CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur a. n. Not while of work at wark p. m. 7/3/57 4/18/58 19 that I last saw the deceased 21. I certify that I attended the deceased from..... oched _____, and that death occurred at 11:30PM from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE GLENN DALE HOSPITAL PHYSICIAN'S NAME (Type) GLENN DALE. MARYLAND 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) aBod REMOVAL (Specify) 6 23. FUNERAL DIRECTOR'S SIGNATURE ABORESS 240. REC'D BY REGISTRAR 1/245 REGISTRAR SIGNATURE

death.

wilhin

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04919 CERTIFICATE OF DEATH Rea. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) "PRINCE GEORGES **b.** COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town! 14 MONTHS should LLEGE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 50 OR INSTITUTION 9303 - 48 THACE ON A FARM? YES NO NAME OF Middle Last Day Year DECEASED (Type or print) LOCHIE RANKIN LINKOUS 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 78. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours WHITE WIDOWED T DIVORCED [7] popers. YES. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? eoth. during most of working life, even if retired) VIRGINIA TBACHER puo corbon ofter de 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion MARTHA FRANCES ARMENTROUT JOSEPH PRICE LINKOUS requires that the death certificate WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. FRANCES ALLEN 9303-484 Place COLLEGE PACK M attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH TH WAS CAUSED BY. OEREBRAL VASCULAR ACCIDENT PART I. DEATH WAS CAUSED BY: 3 MONTHS DUE TO á MADVANCED ARTERIOSCLEROSIS YEARS CHY Conditions, if any, which] gove rise to immediate per DUE TO cause (a), stating the underlying couse tost. **buriol-transit** peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. Ji. factory, street, office bldg., etc.) While Not while of work at work p. m 21. I certify that I attended the deceased from, 1950 that I last saw the deceased and that death accurred at 2:45PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE **PHYSICIAN'S** NAME (Type) TO FUNER (7) 220. BURIAL CREMATION, 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REGIOVAL (Specify) Christiansburg 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE APR 2 1 Funeral Home. Washington. DATE

BUREAU V. S.



G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	>	director,	for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with
death.		uneral	ld be fi
ofter	_	/ the I	2 shou
hours	X	D	one
ithin 24		r this certificate has been signed by the attending physician and completely filled (1) the funeral director,	Pages 1
ecuted w		complet	papers.
te be ex		ian and	carbon
certifical		g physic	геточе
e death		attendin	n please
thot th		by the	t. The
quires		signed	I permi
low re	sital or attending physician.	peen	I-transi
t: The	ing pi	te has	burio
ICTAR	attend	ertifica	as the
PHY	to lot	this co	or use
O	*=	-	.2

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	14920
	Items 7, 11, 13 & 14, Film G227, 4/11/58 fcy A911 CERTIFICATE OF DEATH Reg. Dist. No.	1000
()	1. PLACE OF DEATH O COUNTY Prince George MARYLAND 2 USUAL RESIDENCE (Where deceased lived the institution: Residence before o STATE Md b. COUNTY Pg.	admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give neares Cheverly, Md 5 Days 4 Brentwood, Md.	est town)
77	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e.	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle Last 4. DATE Month Day (Type or print) Enma Lofty DEATH Appril 3	Year 19 5
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift under 1 YEAR II lost bythdoy) 711 yrs. 100 10	
I	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF Warry and	WHAT COUNT
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A
	Louis Dyce Hawkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [15] If yes, give wor or dotes of service]	-
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Careful Thurmbury Careful Thurmbury	VAL BETWEEN TAND DEATH
	gave rise to immediate couse (a), stoting the under: lying cause last	year
n		WAS AUTOPS PERFORMED? YES NO P
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at Hom 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II at Hom 18.) UNITED THE INJURY OCCURRED (Enter nature of injury in Part II at Hom 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of	(Staf
	21. I certify that I attended the deceased from April 1, 1958, ta April 3, 1958 that I last saw alive on April 3, 1958, and that death occurred at 9:554 M, from the causes and on the date ADDRESS (Street, city or town, state)	
. ,	PHYSICIAN'S NOW TO DONAT PORCH W.T. WALLEY M.J.	1/3/5
5	PATSICIANS NAME (Type) WONMAN JONA! COMEAU MI VAINIER ME 270 BURIOU (City, town, or county)	/Cantal
an a	REMOVAL (Specify) Durial 4.7.58 Woodlawn Cametery Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	(Stole)
	Robert & Mrs. Deurs 1820-9-14/11/ DATEAPR 7 '58 With Educar	,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENSED

SCSI PR A9A

BUREAU V. S.

P
è la
M
5 <u> </u>

9

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

64922

Į.		1010						Reg.	Dist. No	ś.	
	i. PLACE OF DEATH o. COUNTY Prince Geo:	rge	MARYL	[]	a. STATE Mar 7]		ed lived. If Imility b. COUNT			fore odmi	issian)
	b. CITY OR TOWN If outside corporate is and give necessif fown Laure]	mits, write EURAL	E. LENGTH OF STAY IN		c. City or town (iii	_	oorate limits, write	RURAL or	nd give n	earest to	wn)
	d. NAME OF HOSPITAL OR INSTITUT I aurel Gene				d. STREET ADDRESS	ain St	ree			ON	ESIDENCE A FARM? NO [2
	3. NAME OF DECEASED (Type or print) Ster	Fint vart I)avis L	ong	Last	4. DATE OF DEATH	April		1958		(өаг 9
	5. SEX 1.1 6. COLOR OR W	WIDOWED	<u> </u>) (October 26,		9 AGE (In years fort bythday) OLL yrs.	Months 1	R 1YEAR Doys	Hours	ER 24 HRS Min.
	100. USUAL OCCUPATION (Give kind or during most of working life, even if re Accountant (re	atirael) s i	ND OF BUSINESS OR IN Counting	IDUSTRY	II. BIRTHPLACE (Slote Mafyla		ountry)		tizen o USA	F WHAT	COUNTRY
	13. FATHER'S NAME Allen Marion 1			1	r. Mother's Maiden Prances		Stewart				
	15. WAS DECEASED EYER IN U. S. ARN (Yes. no. or unknown) If yes, give wor or		OCIAL SECURITY NO.	17. INFO	• Margaret	Traver	6003.	1.00			
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast.	USE (o) ACCU USE TO (c) Call	rdio-vascul	ar r	enal diseas	e	CONDITION CITY	ENI INI BA	DT It-11	O W/AC	ALETODEV
	PART II. OTHER SIGNIFICAN 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.		HOW INJURY OCCURR							PERFO YES	RMED?
	20c. TIME OF INJURY Month, D	While	Not while of work		OF INJURY (Home, farm street, affice bldg., etc.		or town)	(C	ounty)		(State)
	21. I certify that I taak ch death resulted fram: Nat	_			•		nspection 🔀, ndetermined c			, and I	find tha
	ACTUAL SIGNATURE SEM) Ma	loney-	N	ASSISTANT MEDICAL EX					DATE S	IGNED
		Maloney,			DEPUTY MEDICAL	EXAMINER K	1 April	19,	1958	3	
		1 21,1958	Congression		Cemetery	Washi	ngton, D			(State	B)
1	23. FUNERAL DIRECTOR'S SIGNATURE	111.	ADDRESS	222		D BY REGISTI	/ /	1	GNATU	₩.	

VS. A15ME(5) 5M 9/55



CERTIFICATE OF DEATH Rea, Dist. Na. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Prince George's o. COUNTY Parvland b. COUNTY Prince George's Fled MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) funeral RURAL ond give negrest town) Hyattsville, Maryland shauld 10 Days Hyattsville, Md. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 4305 Oglethrope St Hyattsville Nursing Home YES NO K NAME OF Middle Month Day Year OF DEATH 10 58-April Theodore Loschiavo (Type or print) 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 76 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Nov 2, 1881 Dovs Hours white male WIDOWED [DIVORCED [T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Sicily Tile setter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Loschiavo Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address College Park. Md. Leo Loschiavo 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? 0 YES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or fown) Dov. Year 20d INJURY OCCURRED (County) (Slate) factory, street, office bldg , etc.) Hour e.m. Not while of work of work 21. I certify that I attended the deceased from 19. That I last saw the deceased , and that death accurred at____ __M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b DATE THEREOF 22d LOCATION (City, town, or county) Fort Lincoln Cemetery April 19. 1958 Colmar Manor, Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hvattsville, Md. DATE APR 1 1 158

death;

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURZAU K. L

DECELO EN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04924**CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where defeased lived If institution: Residence before admission) a. COUNTY **b** COUNTY be filed MARYLAND the funeral should be fi b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL on give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 2 NAME OF 4. DATE OF DEATH Middle Year (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE DATE OF BIRTH AGE (In years last birthday) 5. SEX-1 8 IF UNDER 3 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED IT 10a. USUAL OCCUPATION (Grya kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. MAS DECERSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 222 **DUE TO** ony Conditions, if any, which) permit gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Day. 20d. INJURY OCCURRED (County) (Stote) Hour factory, street, office bldg., etc.) O. 51. Not while of work of work 21. I certify that I attended the deceased from 19.2 K, that I last saw the deceased that death occur M, from the causes and on the date stated above. ADDRESS (Street ACTUAL SIGNATURI ped NAME (Type moy be FUNER 220. BURIAL, CREMATION, DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. (Stole) REMOVAL (Specify) Lal. 200026 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

BUREAU V. S. 8381 6 84V

EXECUTY MIDICAL EXEMINER: This certificate should be executed within 24 hours offer death. If any delay is necessory, please H execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 13 should be word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 11 to FUNER 2, Folde 5 most files. TO FUNER 2, DIRECTOR: Page 3 should be used as a beriol-transit permit. File pages 1 and 2 with the 5to 6 Board-of Health, IT SO FUNER 2, DIRECTOR: prior to buriof, cremotion, or removal, and in any event within 72 hours ofter death.
SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please rifficate, writing the word "pending" is pending it tem. 18. Give Poges 1, 2, and 3 to the full director. Page prworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reft. If far your files, RECTOR: Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the 5to 6 Boarded Health, red agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
A Policy of Signo

V5 A15ME SM 2/57

		MAKYLA	ND STATE DEP	ARTMEN	NT OF HEALT	H-BALTIMORE,			
Į.		MED	ICAL EXAM	INER'S	CERTIFICA	TE OF DEATH	_	925	
			382				Reg. Dist. No.		
	PLACE OF DEATH 6. COUNTY					Where deceased lived If institutional b. COUNT		imusion)	
		nce Georges		AARYLAND	Mar	A Thirtie			
t	and give nearest town				-	If outside corporate limits, write	RURAL and give nearest	lown)	
_		attsville	35 Yea			ttsville	The Parish of th		
4		fferson Stre	o) in hospital, give street o	ddress)	d. STREET ADDRESS	fferson Street	0	RESIDENC	
	NAME OF DECEASED (Type or print)	Henry	Hvde Hvde	Lyon	Lost	4. DATE Mont OF OFATH APTI		Year 19 5 8	
. 1	SEX		MARRIED NEVER MA	RRIED 1 8 C	DATE OF BIRTH	9, AGE (In years	IFUNDER TYEAR IF UN		
	Male	White w		CED []	November 1			L	
	Engineer	g tile, even if retired)	Radie	OK INDUSTRY		ille, Maryland	U.S.A.	KI COUNTR	
3.	FATHER'S NAME			1	14. MOTHER'S MAIDEN	NAME			
		hittenden Ly			Helen 1	Butzman			
	. WAS DECEASED EV	ER IN U. S. ARMED FORCE (II yes, give wor ar dates of servi	(S) 16. SOCIAL SECURITY	NO. 17. INF	ORMANT	Address	Hyattsville	, Md.	
				Dor	othy Lyon	Jones; 4303 Eme	erson Street	9	
FC TON	Conditions, if ex- gave rise to immed (a), stating the scours fast. PART II, OTH	inderlying DUE TO		-	renal diseas	AINALDISEASE CONDITION GIV		an	
Š	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.								
T CARL	PRIMARY D or COL CAUSE OF DEATH.	ISE WAS TRIBUTING (DESCRIBE HOW INJURY O	CCURRED (Ent	er noture of injury in Pa	et t or Port II of Hem 18.)	PER.	FORMED?	
7	20a. EXTERNAL CAC PRIMARY [1] or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m.		20d, INJURY OCCURRED	D 20e. PLACE		m, 201. (City or town)		FORMED?	
CCK	20c. TIME OF INJUINED THE PROPERTY OF THE PROP	Month, Day, Yeor 19 lat I taak charge of	20d, INJURY OCCURRED	20e. PLACE factory	OF INJURY (Home, for y, street, office bldg., etc e, held an Autap:	m, 20f. (City or fewn)	{County)	(State)	
CEK	20c. TIME OF INJUI Hour o.m. p.m. 21. I certify the opinion death	Month, Day, Yeor 19 lat I taak charge of	20d, INJURY OCCURRED While Not while of work at work f	ibed abave	e, held an Autap: Suicide , CHIEF MEDICAL E	m, 201. (Cily or lewn) sy, Inspection, Hamicide, Undete	(County) , Inquiry X, commined manner	(State)	
MEDICAL CEXTIF	20c. TIME OF INJUI Hour o.m. p.m. 21. I certify th opinion death ACTUAL SIGNATURE	Month, Day, Yeor 19 lat I taak charge of	20d, INJURY OCCURRED While of work of work of the remains descriturat causes A Alaney	ibed abave	e, held an Autap: Suicide , CHIEF MEDICAL E	m. 201. (City or town) sy, Inspection, Homicide, Undete	{County}	(State)	



	-
/ پ	-
3/	14
1/8	um /
E V	

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hygs after death. Page 4 may be relayed by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remome corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after dooth.

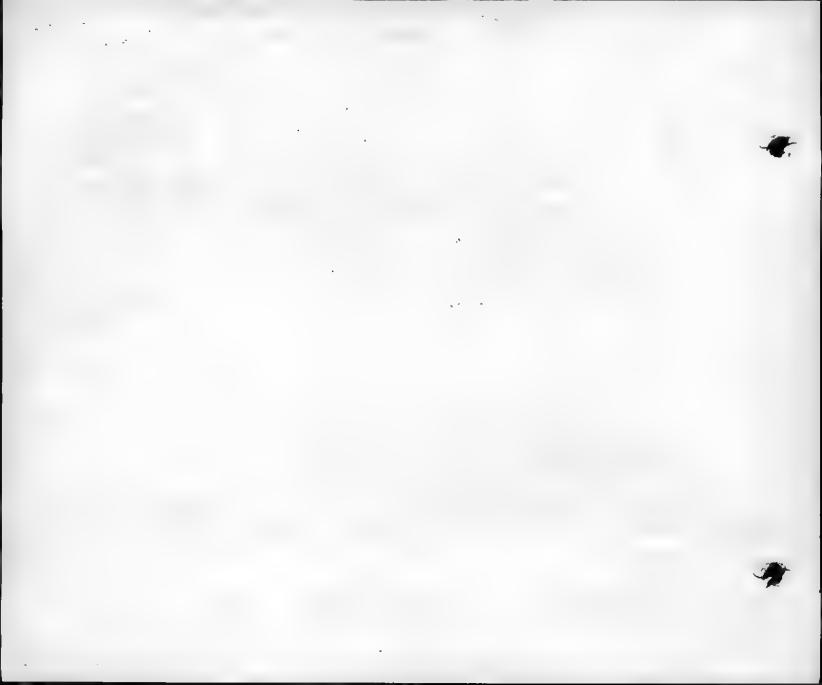
VS A15 (4) 15M 10/57

1. PLACE OF DEATH • COUNTY MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY						
	Prince George		MARI	Maryland Prince George								
	b CiTY OR TOWN (If outside corporate limit RURAL and give nearest lawn)	s, write c.	LENGTH OF STAY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
-	Cheverly Cheverly		-	Bladensbur	E,							
	d. NAME OF HOSP, TAL (If not in hospital, good INSTITUTION	ve street add	dress)		/ °	STREET ADDRESS				e.	IS RESI	DENCE FARM?
	Prince George Ger			5209 Tilde		ıd	· · · · · ·			NOT		
3.	NAME OF First DECEASED (Type or print)	2.5	lost	4. DATE OF DEATH	Mon		Doy		eor C			
	Little OE		-	alakatis	DEATR	Apri		_2_		958		
3.	SEX 6. COLOR OR RACE	/ MARRIED	NEVER MARRI	ED 🔲	1	TE OF BIRTH		9. AGE (In years last birthday)	Months		Hours	R 74 HRS
	Female White	MIDOMED	_		4/	14/96		67 Yrs.				
110	 USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 	one 10b. KIN	ND OF BUSINESS C	OR INDU	STRY 1	11. BIRTHPLACE (Stole o	or foreign c	ountry)		_		COUNTRY?
1	lousewife					Greece			U	.S.A		
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN N	AME					
Ιī	Jnknown					Unknown						
-1												
15.	WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) [1] (If yes, give wor or dates of se		ICIAL SECURITY NO		INFORA			5209個	Tilde	n Rá		
1				Me	arc	os Malaka	atis	Bladens	burg	. Mo		
-	18. CAUSE OF DEATH [Enter only one cou	se per line f	for (a), (b), and (c).	1						LINTERV	AL BET	WEEN
	PART I. DEATH WAS CAUSED BY:		Penical		, m.	s chno				ONSET	AND	DEATH
	IMMEDIATE CAUSE (a)		PERICAI	7 0 1	1//	SUNKE	DNIC			//	ч О.	β.
	705, 4 DUE TO											
	Conditions, if ony, which) (b) Lupus Enythematosis Syeaks											
	gove rise to immediate (
	Lying name last											
2	PART II. OTHER SIGNIFICANT CONE	UTIONS CON	NITRIBUTING TO DE	ATM BUT	NOTE	SELATED TO THE TERMIN	NAL DICEAS	E COMPITION ON	CALINI BART	1(-) 10	14/4C A	LITOREY
12	TAIL II. OHIER SIGNATURE CONT.	, 110143 <u>coi</u>	THE CONTROL OF DE	<u> </u>	14011	TERRIED TO THE TERRIT	AVE DISEAS	E COMPINON ON	EM IM LVKI		PERFOR	RMED?
- S										Y	ES 🔣	NO 🔲
CERTIFICATION	20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRE	D. (Enti	er noture of injury in P	ort I or Por	I II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Month, Day, Yea	r 20d. INJU	IRY OCCURRED	20e. PL/	ACE O	F INJURY (Home, form,	20f (City	or town)	IC	ounly)		(Slote)
ě	Hour o.m.	While	Nat while	foo	ctory, s	treet, affice bldg., etc.))		10	, j		(2.0.6)
₹	ρ, m,		of work	1			1					
	21. I certify that I attended the	deceased	fram Nov	. /		1957, to 17	PRIL	2 195	Sthat I h	ast saw	the c	deceased
	alive on April 2.	, 12 58			Occi	rred at 8:55. P	AA from	a the severe			-4-4-	J - L
	Olive Oli Total Table			Bedin	OCCU			reet, city or lown,		e date		a abave. TE SIGNED
	ACTUAL Mummon W	inst	1 pme	au	,		IDONESS (SI	itees, city or rown,	sioraj		DA.	HE SIGNED
	SIGNATURE WATER		_(M.D							
	PHYSICIAN'S NAME OF TO		_									
	NAME (Type) Norman D. Co	meau,	M. D.			3 3 03 Perr	y Str	eet, Mt.	Rain	Ler,	Md.	
220	BURIAL CREMATION, 226. DATE THEREO	1 2	2c NAME OF CEM	ETERY O	R CREA	MATORY	22d. LOCAT	IION (City, town,	or county)		(Stote)
Ι.	REMOVAL (Specify) 4/5/58					Cemetery		nce Geo		. Ma		1
_	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS				BY REGIST		STRAR'S SIG			
	11.01/1/	0	Cec 14	110	110	221	PI KLOISI	Z40 KEOI.	/	7		
_,,	URDA Hens Or	d	70/~/2	10		W DATE AD	p 7 '	59 1 11	Lean	eh		
						- (%)	-		~			



CERTIFICATE OF DEATH Rea, Dist. No. death, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (Coutside corporate limits, write RURAL and give nearest town) RURAL and give nearest (own) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? D YES NO DE NAME OF Middle DATE Month Yeor DECEASED OF (Type or print) DEATH 19.5 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years low birthdoy) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours WIDOWED | DIVORCED | yrs. 10a, USUAL OCCURATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici mes AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending QAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) it INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO þ Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) Month. Doy, Year 20d INJURY OCCURRED (County) (Slote) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 28, 1958, that I lost sow the deceased 21. I certify that I attended the deceased from, and that deoth occurred of 3.350M, from the causes and on the date stated above alive on_ CTO ADDRESS (Street, sity or town, state) **DATE SIGNED** À ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) FUNERA 220. BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CHEMICOLX 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) May 1, -1958Arlington National Arlington Virginia Burial4 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Cons Hyattsville Md. VS A15 (4) 2 '58 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2 .V UAZRUE

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI Rec. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY irrector. Page or your files. and of Health, Prince Georges MARYLAND Marvland Pr. Geo. b CITY OR TOWN (* pulside corporale limits, write #UIIAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If pot in pospital, give street oddress)
Leland Memorial Hospital d STREET ADDRESS . IS RES DENCE 8806 L9th Avenue YES NO TO NAME OF Fresh Middle Month Yeor DECEASED Wilhert. McNamos DEATH April 58 19 (Type or print) Harry 9. AGE (In years 5 SEY 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TE BATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HES Months Nov. 24, 1873 Male white DIVORCED [WIDOWED IT 190 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) U.S.A. Merchant Maryland Give lloges h form PM3. 14. MOTHER'S MAIDEN NAME poges 13. FATHER'S NAME Martha Singleton McNamee Israel 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO No No (if yes, give war or dates of service) David McNamee: University Hills, W. Hyattsvill 212-20-0887 INTERVAL BET WED! 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) pencil in a DUF TO Gunshot wound of head Conditions, if ony, which gave rise to immediate course DUE TO (a), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NOT 200, EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) ould I Self inflicted gunshot wound of head 20d INJURY OCCURRED [20e PLACE OF INJURY (Home, form, 1201 (City or fown) Month, Day, Year (County) (Stote) lactory, street, office bldg , etc.) at work of work College Park, Pr. Geo. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 📆 Inquiry 📆 and in my Suicide . Homicide . Undetermined manner opinion death resulted fram: Natural causes . Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER NAME (Type) April John T. M.loney, M.D. 22d. LOCATION (City, town, or county) 220. BUR AL CREMATION, 226 DATE THERE 27¢ NAME OF CEMETERY OR CREMATORY (State) Colmar Manor, Md. ort Lincoln Cemetery 4/8/58 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 246 REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. 5M 2/57

DE CELVE S 1958

within



EDEI VI AGA

BUREAU V. S.

VS A15 (4) 15M 10/57

Ī		-
the funeral director,	12 should be filed with	
È	and 2	
tely filled	Pages 1	
and campletely	n popers.	eath.
ian and	rba	after de
physici	emove co	2 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4917 **CERTIFICATE OF DEATH**

Ren. Dist. No.	-04	9	3	•
Cett. Dist. No.		-	~	

1.	o. COUNTY Prince G	eorge		MARYL	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. STATE b. COUNTY Pennae							
	b. CITY OR TOWN (If RURAL and give need	outside carporale lim	its, write	c. LENGTH OF STAY I	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cheverly					Pittsburgh		75	X _ :			
	d. NAME OF HOSPITA	L (If not in hospital,	give street	1 day		d. STREET ADDRESS					RESIDENCE LA FARM?	
	Prince G	eorge Gene	ral			739 - Haze	lwood	Avenue			□ NO 🔯	
3	NAME OF DECEASED	Fi	rst	Middle		tosi	4. DATE OF DEATH	Mon	lh	Day	Year	
	(Type or print) Emma					Miller	DEATH	Apri	1	19,	19 58	
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		8 DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y			
	Female	White	WIDOW			Oct. 27, 1885		72 yrs	Months Da	ys Hou	rs Min.	
10	 USUAL OCCUPATION during most of working 	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZE	N OF WH	AT COUNTRY?	
	et Home		·			Pennsylv	rania					
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	John Fis	er				Rose	panb	ach				
	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17 H	NFORMANT		Addi	'ess			
L						Hospital F	Recor	ds				
	18. CAUSE OF DEAT	H [Enter only and co	ouse per li	ne for (o), (b), and (c)]						NTERVAL	BETWEEN	
	PART I. DEATH WAS CAUSED BY: Cardiac fampinale. (Muss Post Past left la)											
	14. Due to											
	gove rise to immediate											
	couse (a), stating the lying couse lost.	ne under:	7 %	markete a		1. 12h. 00	> Art	7 41-5	10			
z												
CERTIFICATION			IDITION 3	CONTRIBUTING TO DEA	11 801	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAKI 1(PER	FORMED?	
	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	206 DES	CRIBE HOW INJURY OC	CURRE	D. (Enler noture of injury in	Part I or Por	t II of item 18.)				
₫	20c. TIME OF INJURY	Month, Day, Ye	or 20d II	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f. (City	or town)	(Cou	nty]	(Stote)	
MEDICAL	Hour o m, p. m,	19	While of wor	Not while	rac	tory, street, office bldg., etc	-)					
	21. I certify that I attended the deceased from 1 21. I certify that I attended the deceased											
	alive an april 18, 1952, and that death accurred at 10:102 M, from the causes and on the date stated above.											
	0	7	1 14					reel, city or lown,		noie 216	DATE SIGNED	
	ACTUAL TY . I											
/ 🗀	SIGNATURE					M.D.						
	PHYSICIAN'S BO	njamin S.	Mille	er, M. D.		****						
220	P. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC)F	22c. NAME OF CEME	ERY O	R CREMATORY	22d. LOCA	TION (City, town, c	r county)	(5	lole	
_	Removal	4/19/5	3	Homestea	d C	emetery	Hom	estead.	Penn	sylv	ania	
	FUNERAL DIRECTOR'S			ADDRESS		D (1	D BY REGIST	RAR 246. REGIS	TRAR'S SIGN	TURE		
1	he S. H.	Hines C	0.	Washingto	n,	D. C. DAKEN	A 1 158	1300-1	Buch			



BUREAU V. L.

VS A15 (4) 15M 10/57 04932

	49	18 CERTIFIC	AIE OF DEATE		Reg. Dist. No.
1, PLACE OF o. COUNTY Profi		MARYLAND	2. USUAL RESIDENCE (Who. STATE	b. COUNTY	n Residence before admission)
b. CITY OR	TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16		ulside corporate limits, write RL	Prince Georges URAL and give nearest town)
	verly	18 days	X Silver F	811	
d. NAME C	OF HOSPITAL (If not in hospital, give street	oddress)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	rince Georges Genor	al Hospital	1 1/1/3/1 St.	Barring St.	YES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE Mont	lh Day Year
{Type or pr	7111120	E	Willey	DEATH Apr	
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	Months Doys Hours Min
Mal			8/14/60~	57 yrs.	
during me	CCUPATION (Give kind of work done 10b ps) of working life, even if retired) W	ehrle Plumb	ers Washingt	or foreign country	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S I	NAME		14. MOTHER'S MAIDEN N	AME	
Arth	ur D. Mulloy		Annia Ter	esa Shea	
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	Addr	en_Wash.DC
No		nknown A	rthur D.Mull	oy, Jr., 2010	Upshur St.N.E.
18 CAUS	SE OF DEATH [Enter only one couse per I	ine for (o), (b), and (c)]		ı	INTERVAL BETWEEN
		1etASTATIC	MABHO CAKCIA	10 11/4	OIAZEL WIND DEVIM
199	1,2 DUE TO				
	ons, if ony, which) (b)	PRIMARY	undetirem	Invil	6 months
	ise to immediate DUE TO				
lying co	use lost. (c)				
OR CONT (IF EITHER	AT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES A NO
	DENT WAS UNDERLYING 206 DES RIBUTING CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Part II of item 18.j^	
			PLACE OF INJURY (Home, form,	20f (City or lown)	(County) (State)
Hou	r o.m. 19 While of wo	THOU WILLIE	actory, street, affice bldg., etc.	1	
21 1 co	ertify that I attended the decea	ad from	19 ta4	124 1959	"that I last saw the deceased
alive a	21/21/	- party			nd an the date stated above.
		, dila iliai deal		ADDRESS (Street, city or lown,	
ACTUAL	tind the	teh	M.D. 3408 1460		. 17 3
PHYSICIA NAME (Ty	N'S Leon R. Levit	sky			
220. BURIAL C	REMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town, o	r county) (State)
Buri	(Specify) 4/28/1958	Washington	Nat'l Cem.	Suitland Rd	.Pr.Geo.Co.,Md.
	DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 REGIS	TRAR'S SIGNATURE
W.W.C	hambers Company,	Riverdale,	Md. DATE AP	R 2 8 '58 ()	Level

BUREAU V. S.

OBVIEGEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEST USUAL RESIDENCE (Where deceated lived. If institutions, Residence before admission) o. COUNTY COUNTY files. Health b. CITY OR TOWN IN our c CITY OR TOWN (If pulside corporate I mits, write-RURAL and give neares town) ő n hospital, give s reel address) 70 3. NAME OF Middle 4J DATE Month DECEASED (Type or print) DEATH SEX 9 AGE (In years MARRIED IV IFUNDER TYEAR Months WIDOWED [DIVORCED [] 100 USUAL OCCUPAT ON (Gipe kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? oge 13. FATHERS NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN SOCIAL SECURITY NO Address (You, no, or unknown) (If yes, give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, form, 20f. (City or fown) factory, street, office bldg., etc.) While Not while g. m. of work of work p. m 21. I certify that I taok charge of the remains described obave, held on Autopsy . Inspection . opinion death resulted fram: Notural causes [2] Accident Suicide , Homicide , Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 2 220 HAME OF CEMETERY, OR CHEMATORY CREMATION 275 DATE THEREOF EOCATION (City, down. ADDRESS

A15ME 5M 2/57

e IS BESIE & TE

19

IF UNDER 24 HRS

Hours

ONSET AND DEATH

Day

ON A FARM? YES NO F

PERFORMED? NO (County) (Stote) Inquiry 🛴 and in my DATE SIGNED REGISTRAR'S SIGNATE

Z .V UAZAUJ

8361 L 8dV









DATE APR 2 9

filed era 3 pluods attending ă þ any signed d by the 8 TO FUNERA 15M 9/55

AM

S. SEX

BEEL CO SOU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PUREAU V. S.

DEVISE 88 A9A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04937 4884 CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY o. STATE b. COUNTY be filed MARYLAND CITY OR TOWN (If outside corporate limits/write c. LENGTH OF STAY IN 16 c.-CITY OR-TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OF INSTITUTION ON A FARM? YES MO D NAME OF Middle 4. DATE The year Month Day DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DA E OF BIRTH lost byrthday) Months Days WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! 20146 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT offending eqse. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND, DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) stantaneous **DUE TO** Conditions, if any, which] permit ulais peuß gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🖂 NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day. Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. n. While Not while of work of work p. m. 21. I cortify that Inattended the deceased from... ______, 19.5 \text{X_that I last saw the deceased , and that death occurred at 🗀 🔄 olive on M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOR 220. BURIAL, CREMATION, 22c., NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 158 15M 9/55

US VESCEN

BUREAU V. S.

1				MARYL	AND STA	TE DEPART	MENT O	F HEALTH	-BALTIM	ORE, 1	8		
/ عن				I	4958	CERTIFIC	ATE O	F DEATH	1		Reg. Dist. No	049	38
directa iled wit		1.	PLACE OF DEATH	ce Georges		MARYLAND	2. USUAL o. STAT	RESIDENCE (WI	nere deceased lived	If institution	n: Residence bel	fore admisse	on}
the funeral director, should be filed with	08		Glenn Dal d. NAME OF HOSPITA OR INSTITUTION			Tyr 11 is 15 days	05.,		nington	nits, write RU	RAL and give m	e. 15 RESI ON A	
P		3.	NAME OF DECEASED	Fin	ut .	Middle		Lost	3rd St.,	Oa Wa) C		ear
filled ges 1			(Type or print)	Fra	nk	-	Pe	osev	DEATH		4	8 1	9 58
는 Ba		5.			7. MARRIED	NEVER MARRIED 🔀	B. DATE OF		9. AG	E (In years birthday)	Months Doys	 	
i Se			Male	0-4	WIDOWED	DIVORCED [3/19	5/1908		50 yrs.	Months Doys	Hours	Min.
ion and campletely filled mrbon popers. Pages 1 after death.		100	during most of work Laborer	N (Give kind of work d ing life, even if retired)	Fran	of Business or inc icis Burrow ractor	USTRY 11. BIR	THPIACE (Slole Virgini			12. CITIZEN	OF WHAT	COUNTRY?
ian and Inton after de	. —	13.	FATHER'S NAME			1-0-0-1	14. MOTH	IER'S MAIDEN N	NAME			·	
e icio	1	\[_	Willie Jo	nnson				Mell F	osev				
ing physician e remave mr 72 hauts aft	, A	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORCE	CES? 16. SOCIA	L SECURITY NO 17.	INFORMANT			Addre	15		
8 2 2			No	-		28-1307	Decede	ent.					
ntending please ri within 72				TH [Enter only one cou		(a), (b), and (c).]					IN	TERVAL BET	WEEN
7 /			PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Pulmonary	tuberci	losis			1	TT'S.	. 2 . ma
두 I 호		L	* cm2X	DUE TO									
ح ہے ہے		1	Conditions, if ar										
5 a.c		1	gove rise to in couse (o), stating t										
		1,	lying couse lost.) (c)									
e tage	0	é		ER SIGNIFICANT COND				D TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(o)	19 WAS A	RMED?
ing physis te has be burial-tra remaval,		Įδ	Pulmoi	nary emphys	ema and	cor pulmo	nale					YES 🗌	NO 🔀
		CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESCRIBE I	IOW INJURY OCCUR	tED. (Enter nat	ure of injury in I	Part 1 ar Part II af i	tem 18.}			
sital or attend r this certifica for use as the crematian, or		MEDICAL	20c. TIME OF INJURY Hour a. jr.	Month, Day, Yea	While h	fot while	PLACE OF INJU	JRY (Hame, farm affice bldg., etc	20f. (City or tov	m)	(Caunty)	(Stote)
for the		2	p. m.			t work	20 10	-1) (0				
Affe id,		L		at Lattended the	deceased tre			56, lo	11/8				
축 % 하 한 학		П	alive on	177	18_20	_, and that dea	h occurred		LM, from the ADDRESS (Street, c				d abave.
ECTC e de		П	ACTUAL SIGNATURE	VIAPU	veise							1. /0	/r'o
prior	1			- 00:1			_M.D	445	nn Dale H	mainre	LL	11/0/	50
ERA 3 sho	İ		PHYSICIAN'S NAME (Type)	Moe Weiss						Md.			
FUN Oge		220	REMOVAL (Specify)	4 IJS	8 2	NAME OF CEMETERY	OR CREMATOR	RY	22d. LOCATION (Lity town, or	county)) (State	1
VS A15 (4)		23.	FUNERAL DIRECTOR'S	SIGNATURE	W.) G	opress (o lud	24a. REC'	D BY REGISTRAR	24b REGIST	RAR'S SIGNATU	JRE	
										43.0			

BUREAU V. S.

8967 LT 8dV



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4921) CERTIFICATE OF DEATH Reg. Dist. No. 14939 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence-pefore admission) · COUNTY Filed b COUNTY & Prince George MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrot town) RURAL and give nearest town) Li Days Bladensburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM hlln 53rd Ave. Apt 1 YES 🗍 NO 🏞 Prince George General I 4. DATE NAME OF First Middle Month Year DECEASED DEATH 28. (Type or print) Andrew 1958 Rager 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HES lost birthdoy) Months WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? lern actore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 17. INFORMANT 16. SOCIAL SECURITY NO. please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PERITONITIS DUE TO Ruptuned Appendix ä. Conditions, if ony, which gned gove rise to immediate DUE TO Auure AppendiciTis couse (o), stoting the underlying couse last PAINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? EMPHUSEMA DF LUNG YES PALING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (Stote) (County) factory, street, office bldg., etc.) Hour e.m. While Not while of work of work April 2 8195 8that I last saw the deceased MARCH 21. I certify that I attended the deceased from ... and that death occurred at 8:20A _M, from the causes and on the date stoted obove. PHYSICIAN'S Dr. Norman Comean BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City Jown, or county) (Starte) 20 million 216 REGISTRAR'S SIGNATURE 23. FUNERAL/DIRECTOR'S SIGNATURE ADDRESS. 240, REC'D BY REGISTRAR DATE APR 2 9 VS A15 (4) 15M 10/57

DELVES 1958
APA 1958
APA 1958

i u

.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY **b. COUNTY** Geo. Prince Georges MARYLAND Marvland b. CITY OR TOWN (If putside corporate fimile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) und give necresi lown) College Park Riverdale $D_{-}Q_{-}$ 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS , IS RESIDENCE 99 ON A FARM? 9024 YES NOTE Leland Memorial Hospital 49th Prace NAME OF First Middle DATE Month Lost Day Year DECEASED (Type or print) Harold 1958 DEATH 16. Charles Rich April 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday. Months Days Hours Min. 107 WIDOWED [DIVORCED | **広** Oct. Male white ¥ik 2 will 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? m puo U.S.A. AL Michigan 2 puo Meat Meatcutter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages Elizabeth Pavment Harry Howard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) If you give war or dates of service Ö.ve Elizabeth Rach: same address. 578-05-0713 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (a) alang with far burial-transit 442017 **DUE TO** Cardiovascular Renal Disease Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/of 19, WAS AUTOPSY 6 PERFORMED? NO T 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) rriting the v of Medical R: Page 3 sl White Not while O. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy \square , Inspection K. Inquiry Total and find that the Chief / death resulted from: Natural causes X, Accident , Suicide , Homicide . Undetermined couse MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** forward forward 1958 NAME (Type) Maloney. DEPUTY MEDICAL EXAMINER John T. April 17. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial 0 Fort Lincoln Cemetery 1958 April 19, Colmar Manor, Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) F. Gasch's Sons Hyattsville Md. Taken of P DATE 5M 9/55

BUREAU V. S.



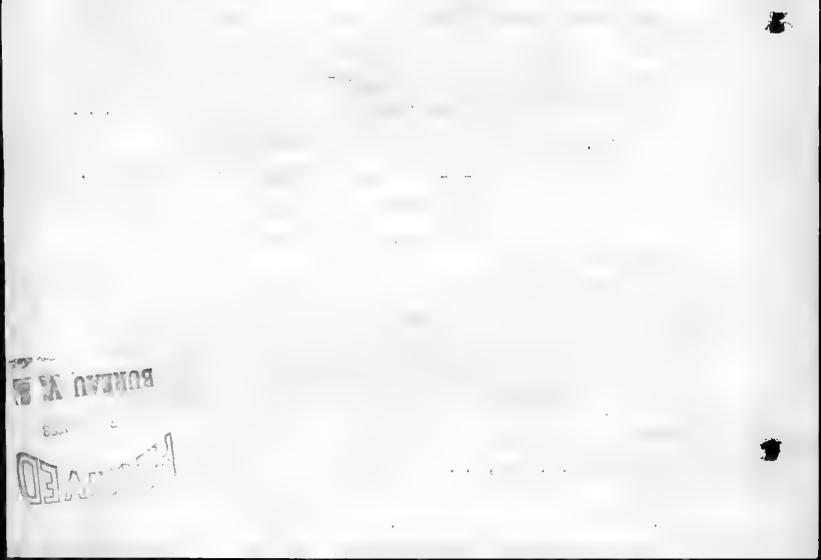
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o County ince George b. COUNTRY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md 54 Days Bladensburg.Md NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Prince George General Hospital ON A FARM? 5512 Randolph St. YES NO TO NAME OF Middle 4. DATE DECEASED Marjorie Richardson April (Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (oth birthday) Months Days Ferale WIDOWED | DIVORCED [August 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Oak Grove Virginia 13. FATHER'S NAME William Gudridge Josephine (unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. Address Cheverly, Md. Milton R. Richardson 5512 Randolph Street No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) da **DUE TO** Conditions, if ony, which e has been signed burial-transit permi gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) Not while (County) (Stote) foctory, street, office blde., etc.) Hour o.m. of work of work 21. I certify that I attended the deceased from 20 MAR 1956 that I last saw the deceased and that death accurred at 11:35An from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S STGNATURE VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04942 4923 **CERTIFICATE OF DEATH** Reg. Dist. No. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY b. COUNTY MARYLAND Md. Prince George Prince Georg ofter deoth? c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Should 23 Hrs Cheverlv Greenbelt d NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George General Hospital 37 E Ridge Road P150 3. NAME OF Middle 4. DATE Month Yeor DECEASED Filled OF DEATH (Type or print) nliver 195R Roberts Nelson 5 SEX 6. COLOR OR RACE 7- MARRIED 🔲 NEVER MARRIED 🖼 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED WIDOWED 5-12-h3 Male White 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Student Washington. D.C. none oug 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Beatrice Grisham certificate Wavne A Roberts 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Wayne Roberts 37-E-Ridge Rd. Greenbelt, Md. ottending none hone no deoth 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I DEATH WAS CAUSED BY Massive intracranial hemorrhage(left tamporal) hours **DUE TO** requires that á permit. Conditions, if ony, which Hemorrhagic diathesis l month te has been signed burial-transit permi gave rise to immediate DUE TO couse (a), stating the underlying couse lost. o Acute lymphatic leukemia months. PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES Y NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Dov. 20d. INJURY OCCURRED (County) (Stote) fectory, street, office bldg., etc.) While D. m. Not while of work al work that I lost saw the deceased 21. I certify that attended the deceased from and that death occurred at 5.58 p.M. from the causes and on the date stated above. alive on ECTOR ADDRESS Street, city or lawn, slote! ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) John Kehoe Cheverly Md. 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) pode Burial 4/9 1958Arlington Nat'l Cem. Arlington. Virginia 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 246 REGISTIVAR'S SIGNATURE W.W. Chambers Company, Riverdale, V5 A15 (4) 15M 10/57

UESTO 1953

BUREAU V. &



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	L	4925 CERTIFICATE OF DEATH Reg. Dist. No. 04944
	1.	PLACE OF DEATH o COUNTY Prince Georges MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY Maryland Prince Georges
	Г	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1.12	-	Cheverly 3 days Maryland Park d NAME OF HOSPITAL (If not in hospitol, give street oddress) e. IS RESIDENCE
77	L	OR ASSISTITUTION Trince Georges General Hospital 6510 C St/ N.E. ON A FARM? YES NO
	3.	DECEASED
	5.	(Type or print) James P. Sanfard DEATH April 18 19 58 SEX 6. COLOR OR RACE 7. MARRIED T B. DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.)
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Wilder 8. DATE OF BIRTH 9 AGE (In years left UNDER 3 YEAR IF UNDER 24 HRS.) Months Doys Haurs Min.
- \	10	o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Safet Way Stores Inc. Wagning 12. CITIZEN OF WHAT COUNTRY?
1	13	FATHER'S NAME (14. MOTHER'S MAIDEN NAME
	仁	Ryland Sonford ada sournger;
		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PER 10 year or dollar of services 578-07-2680 Flag from Some Some of March 19 march
	F	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] [INTERVAL BETWEEN ONSET AND DEATH
	ı	PART I DEATH WAS CAUSED BY. Congletive I deart Failure I moult
	ı	Conditions, if any, which)
		gave rise to immediate couse (a), stoling the under: DUE TO
		lying couse lost. (c)
0	ATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON NO
	CERTIFIC	20s. ACCIDENT WAS INIDEDIVING CI. 20th DESCRIBE HOW IN HIPV OCCUPED (Fater polyre of jointy in Part Lar Part II of Jeen 18.)
	Z.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State)
	MEDI	Hour a. m. p. m. 19 While Nat while of work o
	ı	21. I certify that I attended the deceased from Man 1957, 16 Control of the last saw the deceased
	L	alive an
,		SIGNATURE William Braning 6/24 Central Ane 4/18/
,		PHYSICIAN'S NAME (Type) Dr. William Brainin M.D. Capitot / Lyta ma
	22	3 REMOVAR (Specify) 4-21-58 Colday Hell Survey of County) (Stote)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. W (Mandelov Co. 517-11-St. 5. E. DATEPR 2 1 '58 L.S. REC'L BY REGISTRAR'S SIGNATURE DATEPR 2 1 '58 L.S. REC'LL'S
¥		And Andrews and An

BUREAU V. S.

DELVED ELVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04945 **CERTIFICATE OF DEATH** 4995 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY COUNTY MARYLAND PRINCE PRINCE GEORGE GEORGE CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) O d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EASTERN AVE EASTERN AVENUE YES T NO T NAME OF Middle 4. DATE Month Year OF DEATH MIERE (Type or print) BFRTHA SCHARFFER 195 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE [In years lost birthdoy) Months Days DIVORCED [7] WIDOWED THE Syrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HUME HUMIENNALEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MIERE AVAILABLE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MISS JUSEPHINE V. SCHAEFFER 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 6. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) CENGESTIVE MONTHS **DUE TO** RTERIOSCLEROTIC HEART Conditions, if any, which gove rise to immediate DUE TO ARTEKIOSCLEROSIS couse (a), stoting the under-FNERALIZED lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? SQUAMOUS CELL CARCINONA YES TO NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that, I attended the deceased fram.__ 19 52 that I last saw the deceased and that death occurred at 3:43 P.M. fram the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DRIVE SIGNATURE (REEN PHYSICIAN'S OUR NAME (Type) 220. BURIAL, CREMATION, 22d. LOCATION (City. (Stote) FUNERAL DIRECTOR'S SIGNATURE A40. REC'D BY REGISTRAR AL REGISTRAR'S SIGNATURE

DECEDAED

BUREAU V. S.

108 SS 1068

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Marylan b. COUNTY Prince George o. COUNTY Prince George files. Heolth, MARYLAND b CITY OR TOWN (If outside corporate firms, write RURAL c LENGTH OF STAY IN 16 c EITY OR TOWN (If auts'de carporate limits, write RURA» and a ve nearest town) 1.8 Forestville 9 40 Förestville vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM 5404 Spring Street 5404 Spring Street YES NO T 3. NAME OF Middle 4. DATE Less (Type or print) DEATH April Gertrude Schwenk 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED THE BOATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS fast birthday) Months Hours White Days Female WIDOWED I DIVORCED | September 27/1889 100. LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or fore an country) 32. CITIZEN OF WHAT COUNTRY? Housewite Own Home S. Maryland 13. FATHER S NAME TA. MOTHER'S MAIDEN NAME ? Michael George Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown all was more work on dates of secure Earl L. Schwenk. Washington . D.C. 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)] INTERVAL SETWIEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Conditions, if any, which gave rise ta immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 NO YES 🗍 200, EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stole) factory, street, office bldg., etc.) Not while o. m. at work at work D. m 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 47. and in my arded CTOR: opinion death resulted from: Natural causes Accident [Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER FYAMINEP'S April 15, 1958 James I. Boyd should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 726 DATE THEREOF 22d LOGSTION (City, 23. FUNTRAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15ME DATE



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4960 Reg. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) p. COUNTY b. COUNTY Filed MARYLAND Prince George Marvland Prince George deoth. the funeral capacity should be file b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Adelphi Adelphi d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO K 2615 Cool Spring Road 2615 Cool Spring Road NAME OF 4. DATE First Middle Month Year OF DEATH DECEASED within 24 HOMER P. SEAMAN April 2 1958 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Days Hours Min DIVORCED | Male white WIDOWED | 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Steam Fitter U.S. Gov. Penn. pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 Margaret Plotner Thomas Seaman mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 220-34-8306 Gertrude Seaman 2615 Cool Spring Rd. INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY OCCLUSION mins. DUE TO Conditions, if ony, which gove rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO TE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERTI MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour While Not while at work at work p. m. , 1958, to Apr. 2 , 1958 that I last saw the deceased 21. I certify that I attended the deceased from Feb. 12 ____, and that death accurred at 2 Pe__M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 3308 Perry St., Mt. Rainier. SIGNATUR PHYSICIAN'S CHARLES C. HAGEAGE M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lincoln Burial Fort Bladensburg Maryland 0 ADBRESS 240 REC'D BY REGISTRAR 1245 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Frank Joy Co DATE 15M 9/55

BUREAU V. E.

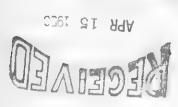
8961 > 20

DECENSED

1.18. 1. 40.4.

V\$ A15 (4) 15M 10/57

Z .V UARPITA



CATE OF DEATH

4961	CERTIFIC
1. PLACE OF DEATH COUNTY Prince Georges	MARYLAN
b. CITY OR TOWN (If outside corporate limits, write.	C LENGTH OF STAY IN 1

Reg.	Dist.	No.
 		Marin and Automatic Street, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985, 1985

04949

					WAN. D.111. 1	140.
1. PLACE OF DEATH a COUNTY Pr	ince Georges	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary)	there deceased lived. If instituted and 6. COUNTY		George's
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wri	e. LENGTH OF STAY IN 16	H	outside corporate limits, write l	RURAL and give	nearest town)
	er Heights Mo	1 1 month	X Roger	r Heights Md.		
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give sh	reet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
500		1e	*	5001 56th a	venue	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mo		Day Year
(Type or print)	Ella Ma	ny Skinner		DEATH April	9,	19 58
5 SEX	6 COLOR OR RACE 7. A	ARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)		AR IF UNDER 24 HRS
female	white wo	OWED DIVORCED	May 15, 187	82 yrs		ys Hours Min.
100 USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote	e or foreign country)	12 CITIZEN	N OF WHAT COUNTRY
	ousewife	own home	New Jers			USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	George I	F. Wheeler	Unknow	n		
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT	Adv	dræss	
frag. to be designed.	no	none L	loyd F Skinn	er Roger Hei	ghts, M	ld.
18. CAUSE OF DE	ATH [Enter only one couse p	er line for (o), (b), and (c).]			[0	NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestian	heart failur	20	0	NSET AND DEATH
420.0	DUE TO	- OUTGOSCIVE	TIEST LATIN			- 7 1105
Canditions, if	ony, which) (b)	Arterioscl	erotic heart	disease		10 yrs.
gove rise to cause (o), stating	immediale (
lying cause lost	Title huddin					
PART II. OT	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CONDITION GI	VEN IN PART 1(0	19 WAS AUTOPSY PERFORMED?
PART II. OT						YES NO
	/AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Port I or Part II of (tem 18)		
3 20c. TIME OF INJU	IRY Month, Day, Year 20	d INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m, 20f (City or lown)	(Coun	ity) (Slote)
20c. TIME OF INJU	In 177	hile Not while work at work	actory, street, office bldg , et	(c.)		
		eased fram 3 Apri	7 1050 4	7 Appl 1059	.	
1						
olive dn/	April 1, 1958-1	2, and that deat	n accurred at_7;15	Д.M, fram the causes (ADDRESS (Street, city or lown,	and an the (date stated obove DATE SIGNE
ACTUAL	A V	Pall	- 2121			
SIGNATURE	your	1 Sept 1		Cheverly Ave.,		
PHYSICIAN'S NAME (Type)	John Kehoe	<u>'</u>	Cheve	erly, Md.		
220 BURIAL, CREMATI TRANSPORT	on, 226 date thereof ation 4/9/58	22c. NAME OF CEMETERY OF SUCCASUND		New Jersey	or county)	(Stote)
23. FUNERAL DIRECTO		ADDRESS	240 REC	D BY REGISTRAR 246 REG	STRAR'S SIGNA	TUR 6
F. Gasc	h's Sons Hy	attsville Md.		APR 1 1 '58 (Uff em	ch
	4			1 47		

may be retained by the hospital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached far use as the buriot-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and 13-aay event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4



BUREAU V. S.

1	-1		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR ST	ATE	P	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04950
	DEPT.		Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived in institution Residence before admission) a. COUNTY TATE COUNTY
, please . Poge files. Health,	, B.S	1	Prince Georges MARYLAND Maryland Pr. Geo,
ory. Pl		"	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
G ~ G 3		-2.00	Cheverly D.C.A. Hyatteville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e is residing to
Boo B	94		Prince Georges General Hospital 7906 15th Avenue YES NO 5
So the		3	NAME OF First Middle Lost 4. DATE Month Doy Year
the form			(Type or print) David Poole Smith DEATH April 2, 1958
To The			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 1 FUNDER 1 YEAR IF UNDER 24 HRS WINDOWED DIVORCED DIVORCED DIVORCED March 7. 1906
S m			Male white WIDOWED DIVORCED March 7, 1906 52 yrs World Day DIVORCED NUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUS.NESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
2. dec	M		Salesman Automobile N. Carolina U.S.A.
10 20 D J	11	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
Pog Pog Pog			Charles Jeffries Smith Cora Ann Poole
Sira Sira fors		174	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
in it is			James C. Smith; 4 H Southway Rd., Greenbelt,
omg per and			PADT I DEATH WAS CAUSED BY
in the office of		1	4-4-2 X DUE TO Acute condestive heart failure
Office Party of the Party of th			Conditions, if any, which) (b) Cardiovascular renal disease
d by			gove rise to immediate cause (a), stating the underlying DUE TO
Shou g i		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
I Exc	ø	δE	PERFORMED?
E S S S S S S S S S S S S S S S S S S S		FE	20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port II of Item 18.)
is condition with the condition of the c		CERTIF	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
She de la company de la compan		EPICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Hour e, m. While Not white
Se 3		ME	p m 19 of work C of work
To !			21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [X], and n my
ded ded			opinion death resulted fram: Natural causes M. Accident [], Suicide [], Hamicide [], Undetermined manner []
A CA			ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (
ME gnot	2		ASSISTANT MEDICAL EXAMINER
desi			NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER (1) April 2, 1958
P. S.		270	BURIAL CREMATION, 7216 DATE THEREOF 22c NAME OF CEMETERY OR CHEMINORY 27d LOCATION (City, town, or county) (Stole)
5 2 5 9		23	Burial 4/8/58 Arlington National Arlington Virginia FUNERAL DIPECTOR'S SIGNATURE ADDRESS 1240. REC'D BY REGISTRAR 1240 REGISTRAR'S SIGNATURE
V\$. A15ME 5M 2/57		23.	F. Gasch's Sons Hyattsville Md. DARPR 7 '58 With educh
W		-	

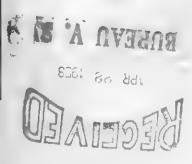


BUREAU V. S.

4962 **CERTIFICATE OF DEATH** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b** COUNTY MARYLAND Prince Georges deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) months and Glenn Dale (rural) davs Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 515 Que St., Glenn Dale Hospital YES | NO TH NAME OF DECEASED Middle Lost Year OF (Type or print) James Smith 58 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HPS Months Days WIDOWED [7] DIVORCED | Male Negro papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Ace Wrecking Co. Washington, D. C. USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ Andrew Stewart Emma Smith 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Unknown Decedent No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of pyriform sinus and pharynx 5 months **DUE TO** Conditions, if gay, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. And Oy PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 Pulmonary tuberculosis, 4 yrs., YES 🗍 NO 🎜 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) CERTI 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. fi. Not while of work at work p. m. 1/17/ ____, 19<u>58</u> that I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 7:05 AM, from the causes and on the date stated above. alive on... ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Glenn Dale Hospital PHYSICIAN'S NAME (Type Moe Weiss. Glenn Dale. 220, BURIAR CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) /State1 REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 245 REGISTIKAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





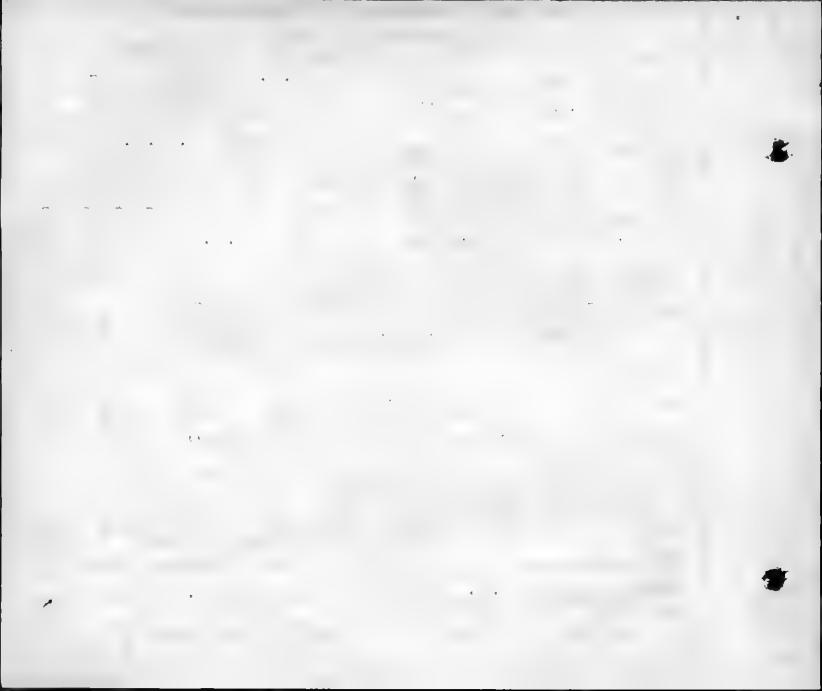
4886 **CERTIFICATE OF DEATH** Reg. Dist. No 4952 be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, writ c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give, nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A NAME OF Niddle 4. DATE Month Year DECEASED OF DEATH (Type or print) an.O. 9. AGE (In years last birthday) SASEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH IF DNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [DIVORCED [10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laseasa 13. FATHER'S NAME MOTHER'S MAIDEN NAME алды INFORMANT AWAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ģ Quo Conditions, if ony, which been signed gove rise to immediate in c **DUE TO** codes (a), stating the underpuo lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while at wark at work \square D. 70. 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. 754 and that M, from the causes and an the date stated above. ADDRESS (Street, city or tewn, state) DATE SIGNED ACTUAL SIGNATURE Pe PHYSICIAN'S NAME (Type) FUNERA age 3 sh 220. BURIAL, CREMATION, 225. DATE THEREO! 22c. NAME OF CEMETERY/OR CREMATORY JOCATION (City, town, or abunity) (Stole) page DEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REDISTRAR'S SIGNATURE 24a, RECID BY REGISTRAR - louis VS A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BURKAU K. K.

ESET 6 HAV

	1		MAKTI	LAND SIA	HE DEPAKIN	MENT OF HEALT	H-RALIMOKE	, 18	
M				4963	CERTIFIC	ATE OF DEAT	Н	Reg. Dist.	04953
		PLACE OF DEATH COUNTY Pri	nce Georges		MARYLAND	2. USUAL RESIDENCE (WO. STATE	here deceased lived. If insti	itution: Residence (xefare admission)
		RURAL and give	(If outside corporate timi nearest town) ale (rural)	1 2	orth of stay in 16 yrs., 4 nths. & 19	c. CITY OR TOWN (IF	autside carporete limits, wri Shington	te RURAL and give	nearest (awn)
08	Г	OR INSTITUTION	Glenn Dale	give street address	days	d. STREET ADDRESS	Alabama Ave.	. S. E.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Fir		Middle A.	Steiger		Month)	Doy Year 28 19 58
	5.	Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellost birthdo	ors IF UNDER 1 Y	EAR IF UNDER 24 H
deoth.	100	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	dane 10b. KIND C	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZE	N OF WHAT COUN
offer d	13.	Plate pr		Dires	enstock	14. MOTHER'S MAIDEN		USA	
haurs	15. (Ye	, no, or unknown)	Stelger ER IN U. S. ARMED FOR Off yes, give wor or dotes of s	ervice)		Marie Sec		Address	
within,7	4	PART I. DE		Pulmon		Decedent iciency			INTERVAL BETWEEN
and in any event		Canditions, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO]	pneumonia,	right lung			2 days
ar removol, a	CERTIFICATION	Pulmonary 200 ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFE	THER SIGNIFICANT CON TUDETCULO TAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	DITIONS CONTRIB S15, 22 7	BUTING TO DEATH BU PULMON YRS: /CARCI SOW INJURY OCCURR	T NOT RELATED TO THE TERM ATY EMPLOYEEMA NOMA LEFT Chi ED. (Enter nature of injury in	INAL DISEASE CONDITION 3 yrs; basa Bek 3 yrs. Port I or Port II of item 18.)	GIVEN IN PART 16 1 cell 9 months	19. WAS AUTOP PERFORMED YES 2 NO
emotion,	MEDICAL	20c. TIME OF INJU Hour o. ft. p. m.	10		lot while	LACE OF INJURY (Hame, farmactary, street, office bldg., etc	n, 20f. (City or town)	(Cour	nty) (Sto
etoched fa burial, cr		21. I certify t	hat Lattended the	deceased fro		1955_, to1 h accurred at_5:00	PM, from the cause	s and an the	
priar fe		SIGNATURE	nur	VW		M.D. Glei	nn Dale Hospi		14/28/58
ishez istrar		PHYSICIAN'S NAME (Type)	Moe Weis:			Gle	nn Dale, Md.		
page 3	220	BURIAL, CREMARY BENEFIAL (Specify	may 1,1	1958 Con	NAME OF CEMETERY OF	A A .	18 Potomac	or, or county)	E. Washe
g-E			R'S SIGNATUNÉ		DORESS		D BY RECHSTRAR 248 (RI	GISTRAR'S, SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



EUREAU V. S.

ESC! 31. 844

filed, with

should

deoth.

carbon generates

ottending

ģ

RECTOR

FUNER

10

VS A15 (4)

15M 9/55

P

requires that

death; uneral o

77

within

Service Age A UNABAUS

ADDRESSM

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

FUNERAL DIRECTOR'S SIGNATURE



BUREAU V.

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4965 **CERTIFICATE OF DEATH**

04957 Rea. Dist. No. Prince GeorgeIs e. IS RESIDENCE ON A FARM? YES NO 13 Yeor 19 58. 16. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRYS S H INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO PA (County) (State)

Marwland

DAS REGISTRAR LIGHTURE

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH o. COUNTY Prince George's Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) University Park, Md. University Park, Md 18 vears d STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give street address) Colesville Road, 4202 Colesville, Road .. 4. DATE OF DEATH NAME OF Middle DECEASED April Ullrich Bessie (Type or print) 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years SEX last birthday) Jan 15, 1878 female white DIVORCED WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland own home Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Julia Anderson Samuel Watts 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO University Park, Md. Otto H Ullrich 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO iosclerosis, cerebral Conditions, if ony, which gave rise to immediate DUE TO rosclerosis. General couse (o), stoting the underlving couse lost PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg, etc.) House While Not white of work of work 6 198 that I last saw the deceased 21. I certify that I attended the deceased from Z and that death accurred at 5 30 M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHÝSIĆIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

ort Lincoln Cemetery

Hyattsville Md.

Colmar Manon.

240. REC'D BY REGISTIAR

DATE

TO FUNER 2 VS A15 (4) 15M 9/55

may.

€"3

BUREAU Y. E.

OBALLOSOS SAN

PT.	ı, P	LACE OF DEATH	-	49	66		2 USUAL R	ESIDENCE	(Where deceas	ed lived If ins	titulion. Res	idence bel	ore odmission)
1	0	. COUNTY	Prince	George	es	MARYLAN	D O. STATE	Unk	nown	b. COU.	U _ YTM	nknow	n
3	ь	CITY OR TOWN (I		s, write RUPAL	с.	LENGTH OF STAY IN II	c CITY C	OR TOWN	(if outside corp	orate I mits, wr	ite RURAL	ond give n	earest town)
			sville			unknown	X	Unk	nown				
1	d			`			STREET						ON A FAPA
7/			d, 1 mil		t of			Unl				_	YES NO
	10	NAME OF DECEASED	**.*	First					10		nth	Doy	Yeor C D
-	5. 50	Type or print)							DEATH		Tar. In an	. ,	
		in a			-	_				Y AGE (In years last birthday)	-	T -	Hours Min
-		emale	white			- Italian						*	
	dı	uring most of worki	ng life, even if reti	red)	IUD, KIND	OL BOSINESS OK INDE				ountry)	12. C	HIZEN O	F WHAT COUNTRY
1	1.7	None FATHER'S NAME									_		
7-1	10.						14. MOTHER	5 MAIDEN					
	15	WAS DECEASED EV	FR IN II S APME	D FORCESS	14 500	IAL CECUBITY NO. 117	DECEMANT		Unknow				-
	[Yes,	no, ar enknownj	It has the mar as do	ates of service)	STREET AND PRAITE C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate I mith, write RURAL and give nearest town) Unknown Unkno								
		18 CAUSE OF DEA	TH [Enter only on	e couse per	line for (o), (b), and (c).]	~ ~	No. 1 d Sense.		*_		INTEL	YAL BETWEEN
			TH [Enter only on TH WAS CAUSED : IMMEDIATE CAUS	8Y1				manglesig on differential control of the control of		-		OPER	YAL BETWEEN T AND DEATH
			TH WAS CAUSED !	8Y1				- 2000	The second secon			ONSE	YAL BETWEEN Y AND DEATH
		PART I. DEA 762.0 Conditions, if	TH WAS CAUSED : IMMEDIATE CAUS DUI	8Y: SE (o) E TO		Asphyxia	180	managering in additional of the control of the cont	The state of the s	JOSEPH W WINDOW		INTE	YAND DEATH
		PART I. DEA 762.0 Conditions, if gove rise to imme (a), stating the	TH WAS CAUSED ! IMMEDIATE CAUS DUI ny, which } diote couse	8Y: SE (o) E TO		Asphyxia	180	many-region in difficulties of the control of the c	Mach at research			INTEL	YAN BETWEEN IT AND DEATH
		PART I. DEA 762.0 Conditions, if gove rise to imme (a), stoting the couse lost.	TH WAS CAUSED IMMEDIATE CAUS DUI ny, which diote couse underlying DUI	8Y, 5E (o) E TO (b) E TO		Unknown cau		meters residence of a finish of the second o	The second secon		Office and an analysis of the second	ONSE	T AND DEATH
	TION	PART I. DEA 762.0 Conditions, if gove rise to imme (a), stoting the couse lost.	TH WAS CAUSED IMMEDIATE CAUS DUI ny, which diote couse underlying DUI	8Y, 5E (o) E TO (b) E TO		Unknown cau		O THE TER	MINAL DISEASI	E CONDITION (GIVEN IN P	ART I(o)	P. WAS AJTOPSY PERORMED?
4	IFICATION	PART I. DEA 762.0 Conditions, if gove rise to imme (a), stoting the couse lost. PART IE, OT-	TH WAS CAUSED IMMEDIATE CAUS DUE TO THE CAUSE THE SIGNIFICANT	8Y, 6E (o) E TO (b) E TO (c) CONDITION	VS CONTR	Unknown can	T NOT RELATED T			****	GIVEN IN P	ART I(o)	P. WAS AJTOPSY PERORMED?
4	CETTIFICATION	PART I. DEA 762.0 Conditions, if gove rise to imme (a), stoting the couse lost.	TH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED DUE TO THE SIGNIFICANT DUE THE SIGNIFI	8Y, 6E (o) E TO (b) E TO (c) CONDITION	VS CONTR	Unknown can	T NOT RELATED T			****	GIVEN IN P	ART I(o)	P. WAS AJTOPSY PERORMED?
		PART I. DEA 762.0 Conditions, if a gove rise to imme (a), stoting the couse loss. PART II, OT: 200. EXTERNAL CA PRIMARY Or CO	TH WAS CAUSED IMMEDIATE CAUS DUE The property of the propert	8Y, 5E (o) E TO (b) E TO (c) CONDITION 20b. DES	NS CONTR	Unknown can IBUTING TO DEATH BU WW INJURY OCCURRED RY OCCURRED 20e. P	T NOT RELATED T	injury in Po	ort I or Pert II	of item 18.)		ART 1(0) [1	P. WAS AJTOPSY PERFORMED? YES A NO
		PART I. DEA 762.0 Conditions, if a gove rise to imme (a), stoting the couse lost. PART II, OT: 200. EXTERNAL CA PRIMARY II or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a, m.	TH WAS CAUSED IMMEDIATE CAUS DUE The property of the propert	8Y; 5E (o)	NS CONTR SCRIBE HO 20d. INJUI	Unknown can IBUTING TO DEATH BU WY INJURY OCCURRED RY OCCURRED Not white 20e. P	T NOT RELATED T	injury in Po	ort I or Pert II	of item 18.)		ART 1(0) [1	P. WAS AJTOPSY PERFORMED? YES A NO
	MEDICAL	PART I. DEA 762. Conditions, if covering the course lost. PART II, OT: 200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a, m, p, m.	TH WAS CAUSED IMMEDIATE CAUSED, which diote couse underlying DUE HER SIGNIFICANT USE WAS INTRIBUTING THE MONTH OF T	8Y; 5E (o)	NS CONTR SCRIBE HO 20d. INJUI White of work	Unknown can IBUTING TO DEATH BU WY INJURY OCCURRED RY OCCURRED Not white of work	Enter nature of (Enter nature of tACE OF INJURY sclory, street, offi	injury is Po (Home, for ce bldg , si	ort I or Part II	of item 18.) or lown)	(0	ART I(o)	P. WAS AUTOPSY PERFORMED? YES A NO (State)
	MEDICAL	PART I. DEA 762.0 Conditions, if a gove rise to imme (a), stoting the couse lost. PART II, OT: 200. EXTERNAL CA PRIMARY ET or CO CAUSE OF DEATH. 20c. TIME OF INJUINED IN THE COURT OF	TH WAS CAUSED IMMEDIATE CAUS IMMEDIATE CAUS INDUSTRIBUTION RY Month, Dog That I took che	20b DES	NS CONTR SCRIBE HO 20d. INJUI While of work	Unknown can BUTING TO DEATH BU W INJURY OCCURRED RY OCCURRED Not white of work oins described at	(Enter nature of tACE OF INJURY sciory, street, offi	(Home, force bldg , at	ort I or Part II rm, 20f. (City ic.)	of item 18.) or lown)	lnqı	ART I(o) II	P. WAS AJTOPSY PEFFORMED? YES A NO (State)
	MEDICAL	PART I. DEA 762.0 Conditions, if a gove rise to imme (a), stoting the couse lost. PART II, OT: 200. EXTERNAL CA PRIMARY ET or CO CAUSE OF DEATH. 20c. TIME OF INJUINED IN THE COURT OF	TH WAS CAUSED IMMEDIATE CAUS IMMEDIATE CAUS INDUSTRIBUTION RY Month, Dog That I took che	20b DES	NS CONTR SCRIBE HO 20d. INJUI While of work	Unknown can BUTING TO DEATH BU W INJURY OCCURRED RY OCCURRED Not white of work oins described at	(Enter nature of tACE OF INJURY sciory, street, offi	(Home, force bldg , at	ort I or Part II rm, 20f. (City ic.)	of item 18.) or lown)	lnqı	ART I(o) II	P. WAS AJTOPSY PEFFORMED? YES A NO (State)
	MEDICAL	PART I. DEA 762. Conditions, if a gove rise to imme (a), stoting the couse lost. PART II, OT: 200. EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJUMOUS G. m., p. m., p. m. 21. I certify to apinion death	TH WAS CAUSED IMMEDIATE CAUS IMMEDIATE CAUS INDUSTRIBUTION RY Month, Dog That I took che	20b DES	NS CONTR SCRIBE HO 20d. INJUI While of work	Unknown can BUTING TO DEATH BU W INJURY OCCURRED RY OCCURRED Not white of work oins described at	(Enter nature of INJURY extory, street, officient, Suici	(Home, force bldg , at	ort I or Part II rm, 20f. (City ic.)	of item 18.) or lown)	lnqı	ART I(o) II	P. WAS AJTOPSY PERFORMED? (State) Ond to my
	MEDICAL	PART I. DEA 762. Conditions, if a gove rise to imme (a), stoling the course lost. PART II, OT: 200. EXTERNAL CAPRIMARY II or CO CAUSE OF DEATH. 20c. TIME OF INJUINED IN THE COURSE OF DEATH. 21. I certify to a m., p. m. 21. I certify to apinion death ACTUAL SIGNATURE	TH WAS CAUSED IMMEDIATE CAUS IMMEDIATE CAUS INDUSTRIBUTION RY Month, Dog That I took che	20b DES	NS CONTR SCRIBE HO 20d. INJUI While of work	Unknown can BUTING TO DEATH BU W INJURY OCCURRED RY OCCURRED Not white of work oins described at	(Enter nature of (Enter nature of EACE OF INJURY sctory, street, offi Dove, held o	(Home, to ce bidg, at n Autop de,	ort I or Part II rm. 20f. (City ssy X, Ir Homicide	of item 18.) or lown) ispection [lnqı	ART I(o) II	P. WAS AJTOPSY PERFORMED? (State) Ond to my
	MEDICAL	PART I. DEA 762. Conditions, if a gove rise to imme (a), stoting the couse lost. PART II, OT: 200. EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJUMOUS G. m., p. m., p. m. 21. I certify to apinion death	TH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMPORTANT IMPO	ETO (b) ETO (c) CONDITION 20b DES 19 Corge of the control of the	SCRIBE HO 20d. INJUI White of work the remo	Unknown can IBJTING TO DEATH BU WY INJURY OCCURRED RY OCCURRED Of white of work oins described of the company of the comp	(Enter nature of INJURY extery, street, officients, Suicients, ASSISI	(Home, to ce bidg, e) n Autop de, MEDICAL	ort I or Part II rm. 20f. (City ic.) Homicide	of item 18.) or lown) rspection [(C. Inquistermined	ART I(o):	WAS AJTOPSY PERFORMED? YES AND (State) (State) DATE SIGNED
· .	MEDICAL	PART I. DEA Conditions, if cover rise to imme (a), stoting the course lost. PART II, OT: PART II, OT: PART II, OT: 20c. EXTERNAL CA PRIMARY I or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o, m, p, m. 21. I certify to apinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) B. IELAL CREMATO B. IELAL CREMATO B. IELAL CREMATO B. IELAL CREMATO	TH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMPORTANT IMPORTAN	20b DES	SCRIBE HO 20d. INJUI While of work [the remo	Unknown can IBJTING TO DEATH BU WY INJURY OCCURRED RY OCCURRED Of white of work oins described of the company of the comp	(Enter nature of INJURY sciency, street, offi Dove, held of M.D. CHIEF ASSIST	(Home, to ce bidg, e) n Autop de, MEDICAL	TIME 20F. (City Park II Pay X. Ir Homicide EXAMINER C CAL EXAMINER C	of item 18.) or lown) spection [], Unde	I, Inquitermined	ART I(o) I'monne	WAS AJTOPSY PERFORMED? YES AND (State) (State) DATE SIGNED
7,	MEDICAL	PART I. DEA Conditions. if a gove rise to imme (a), stoting the course lost. PART II, OT: 200. EXTERNAL CAPRIMARY ET or CO CAUSE OF DEATH. 20c. TIME OF INJUINED TO THE CONTROL OF THE	TH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMPORTANT IMPO	20b DES	SCRIBE HO 20d. INJUI While of work The remo	Unknown can Unknown can Unknown can Unknown can Unknown can Unknown can Extended to be a compared of the control of the	(Enter nature of LACE OF INJURY Sciory, street, offi DOVE, held o M.D. CHIEF ASSIST DEPUT OR CREMATORY	(Home, to ce bidg, e	Part I or Part II Tim. 20f. (City Day II, Ir Homicide EXAMINER CAL EXAMINER CAL 22d LOCA:	of item 18.) or lown) ispection [, Unde	ril 3,	ART I(o) I'monne	(State) M. WAS AUTOPSY PERFORMED? (State) DATE SIGNED (State) M. G.
	MEDICAL	PART I. DEA Conditions, if cover rise to imme (a), stoling the couse lost. PART II, OT: PART III, OT: PART III	TH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMPORTANT IMPORTAN	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	SCRIBE HO 20d. INJUI While of work The remo	Unknown can IBJTING TO DEATH BU IBJTING TO DEATH BU IN INJURY OCCURRED RY OCCURRED Of work of work of work Accident M.D. NAME OF CEMETERY OF	(Enter nature of LACE OF INJURY Sciory, street, offi DOVE, held o M.D. CHIEF ASSIST DEPUT OR CREMATORY	(Home, to ce bidg, e	TIME 20F. (City 20F. (of item 18.) or lown) aspection [, Unde Tion (City, town Blad	I, Inquitermined	ART I(o) I'monne	(State) M. WAS AUTOPSY PERFORMED? (State) DATE SIGNED (State) M. G.
7,	MEDICAL	PART I. DEA Conditions, if cover rise to imme (a), stoling the couse lost. PART II, OT: PART III, OT: PART III	TH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMPORTANT IMPO	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	SCRIBE HO 20d. INJUI White of work Trail cous A A A A A A A A A A A A A A A A A A A	Unknown can Unknown can Unknown can Unknown can Unknown can Unknown can Extended to be a compared of the control of the	(Enter nature of (Enter nature of LACE OF INJURY sciory, street, offi Dove, held o Chief ASSIST DEPUT OR CREMATORY Cemeter	(Home, to ce bidg, e	Part I or Part II Tim. 20f. (City Day II, Ir Homicide EXAMINER CAL EXAMINER CAL 22d LOCA:	of item 18.) or lown) aspection [, Unde Tion (City, town Blad	ril 3,	ART I(o) I'monne	(State) M. WAS AUTOPSY PERFORMED? (State) DATE SIGNED (State) M. G.



Land IN E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Z .V UAZAUZ

BUREAU V. S.

DECEINED



N. I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04962
POR STATE HEALTH DEPT.	Reg. Dist. No.
neath bert.	2. USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o. COUNTY (
Poge lifes.	There forme & MARYLAND Me the the form their feromos
Poed Heat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect lown)
of Sold of Sol	Hillerest Heighlo Hucker X Hillerest Heighto
of the second se	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS of STREET ADDRESS ON A FARMS
2 0 88	23/0-11m (23/0-11an cross) It VES NO B
Stor	3. NAME OF DECEASED . First . Middle Lost D 4. DATE Month . Day Year
he he de	(Type or print) Transpirately Tozale Children DEATH Ceptif 22 1958
fon To 3 Ty 5 Th t	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE III Jours IF UNDER 14 HPC
dd 3 m ours	Fernel Link to WIDOWED DIVORCED LC C- 25, 1967 WIDOWED Months Doys Hours Min.
on o	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
1 1 2 2 d	hone mangen. 1. S. a
4 20 24	13. FATHER'S MAIDEN NAME
Poges Poges poges	Charlor projet water mary campusano
Give P	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Yes, me, or entroved. I (If yes, give wor of defect of person)
200 200	Charles I worker sermone at 2
din d	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c)]
Item Olor	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cestature
8 0 0 k	49/X DUE TO 1/2
Office of the case	Conditions, il any, which) (b) astornation / tens
d b	gave rise to immediate couse (e), stating the underlying DUE TO
houl min ain	couse lost. (c) I have the of the driver
ding Gring Gring di os tofic	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Fical Den (cal I lise)	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO []
Pedition of	206. EXTERNAL CAUSE WAS FRIMARY or CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18) CAUSE OF DEATH.
wor f M wid wric	
tr Thie Thie	O 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a m
Ne e e	
AM Mrilli Pag Pag	21. I certify that I took charge of the remains described above, held an Autopsy 💟: Inspection 🗓: Inquiry 🗓: ond in my
Page 1	opinion death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []
CT C	
AED.	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER D
~ g _ 6	EXAMINER'S ASSISTANT MEDICAL EXAMINER
des des	NAME (Type) JAMICS Le LO JOHN MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
T)	270. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lower, or county) (Stote) ans. DOT Catton (City, lower, or county) (Stote) Philadelphia Pennsylvania
5 4 5 p	
VS. A15ME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 2/57	F. Gasch's Sons Hyattsville Md. DATEAPR 2 5 '58 Whether
	. 5/3/L3XV-

2 .V UALLUB

OBAMANI EN

1		MARYL	AND ST	ATE DEPARTM	ENT OF HEALT	H-BALTIMORE,	18	
DEPT		ME		EXAMINER'	S CERTIFICA		Reg. Dist. No.	
DEPT.	o. COUNTY	Prince G	eorges	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased lived. If institution is county	tion, Residence before Pr. Geo.	odmission)
The .	b. CITY OR TOWN (if or ond give negrest town)	Cheverly		c. LENGTH OF STAY IN 1b		outside corporate limits, write	RURAL and give near	est fown)
17	d. NAME OF HOSPITAL	or institution (4 STREET ADDRESS	t Place	To v	IS RES DENT ON A FARM ES NO
:	3, NAME OF DECEASED (Type or print)	Harris		Middle Eugene	inite	4. DATE Month OF DEATH April	3,	Yeor 19 58
	Male	colored	WIDOWED [2-11-95	9 AGE (In years least to rindey) 63 yrs.		ours M n,
	during most of working Retired	(Give kind of work life, even if retired)	done 10b KIN	ID OF BUSINESS OR INDU	Dist. of C	olumbia	U.S.A	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN I	_		
	Henry		10CEC2 14 EC	OCIAL SECURITY NO. 17	Clar	Address		
	(Yes, no. or unknown) (If yes, give war or dates of				•	# 0	
	Yes	W.W. 1			Portse Lurrit	ps; same addres		BETWEEN
	18. CAUSE OF DEATH	WAS CAUSED BY:	use per line to		stine been &	nd Turne	ONSET A	ND DEATH
	1 11 11 11 11	MMEDIATE CAUSE (a)	Acute conge	stive heart f	ritings		
	4400	DUE TO		Ones de sera e su	1 am man a 7 - 24 m			
	Conditions, if on		<u></u>	Cardiovascu	lar renal dis	5856		
	(a), stating the ur							
2	couse fost.) {c	,					
2	91	R SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	PHALDISEASE CONDITION GIV	. 1	PERFORMED?
	3						YES	□ NQ
	200. EXTERNAL CAUS PRIMARY D or CONI CAUSE OF DEATH.	FRIBUTING	Ob. DESCRIBE F	HOW INJURY OCCURRED	(Enter nature of injury in Pos	1 i or Part II of item 18.)		
	Hour a.m.	Month, Doy, Ye	While		ACE OF INJURY (Home, forn story, street, aff ce bldg., etc		(County)	[S10 [†] 4
<u>.</u>	21. I certify the	at I took charge	e of the re	mains described ab	ave, held an Autops	y , Inspection C	Inquiry XX	and in n
,	apinion death r	esulted fram:	Natural ca	uses 🕰 - Accident	, Suicide ,	Homicide 🔲, Undete	rmined manner	
3	0	/ -		1				ATE SIGNED
	SIGNATURE	Dhur -	TVIC	cloner	M D CHIEF MEDICAL E	KAMINER [WIE SIGNATO
, ת	EXAMINER'S	. , . , .		1	ASSISTANT MEDIC	AL EXAMINER [
4,	NAME (Type)	_John T. N	faloney	M.D.	DEPUTY MEDICAL	EXAMINER April	3, 1958	
	220. BL RIAL, CREMATION PEMOVAL (Specify)	226. DATE THERE	OF 2	24. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town,	or county)	(Stote)
;	Burial	4-9-	58 6	Welenston M.	Il Camelory	arle, Am	Va.	
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	240 AEC		STRAT'S SIGNATURE	
	yo hr	, T. KL	unly	- COm	DATEA	7 '58 WU-	Leauch	

OBVIED TO SEE

CERTIFICATE OF DEATH Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) QUEOUNTY b. COUNT MARYLAND ruch death. eral CITY OR TOWN (If outside corporate mits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe (URAL and give nearest town) D NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS YES NO NAME OF 4. DATE First Middle Month DECEASED DEATH (Type or print) 19 9. AGE (In years last/big/hday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE Months Days Hours Min. WIDOWED DIVORCED [popers. yrs USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. during most of working life, even if retired). Puo corbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME honds IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT yes, give war or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of breast with generalized metastasis VIS. IMMEDIATE CAUSE (0) **DUE TO** ony Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. as the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ò 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20f. [City or lown] (Stote) (County) foctory, street, office bldg., etc.) Hour 0. 11. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. Sept. to Apre and that death occurred at 11:30 M, from the causes and on the date stated above. alive on__ ACTUAL E S PHYSICIAN'S NAME (Type) Thomas F. Collins 3 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d_AOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS -246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

ME THE SECRET SERVICE STREET, SAN THE SECRET. allet F. Justine

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AT AND CERTIFICATE OF DEATH

BURLAU V. K.

8261 31 A9A



Company of the Compan

The first tree and a series and